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ABSTRACT

Speeches and summaries of group discussions from California's first statewide conference on health science library consortia are presented. An introduction outlining regional, state, and national cooperation among biomedical libraries and brief welcoming addresses precede three talks on the history and development in California of library cooperation, health science library informal groups, and health science consortia. A panel presentation on growing pains of California consortia offers information on three specific networks, one in its first year, another in its second, and a third over 2 years old and no longer receiving a grant from the National Library of Medicine. Reports of three discussion groups on training and continuing education, cooperative acquisitions, and ways of publicizing and developing library services are followed by a consideration of an agenda for future interconsortia cooperation based on experience in Atlanta, Georgia. Three closing statements conclude the conference. Appendices provide a sample interconsortium cooperative agreement, listings of California union lists and health science library cooperatives, and an annotated bibliography on library consortia and cooperation. (ESR)

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PROCEEDINGS
of a forum
sponsored by the

COASTAL HEALTH LIBRARY INFORMATION CONSORTIUM

EXPLORING OPPORTUNITIES FOR COOPERATION IN CALIFORNIA, A FORUM EXPLORING COOPERATION AND COMMUNICATION AMONG HEALTH SCIENCE LIBRARY CONSORTIA

SHORE CLIFF LODGE AND INN
PISMO BEACH, CALIFORNIA
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EDITED BY: MARILYN ANNE JENSEN
COORDINATOR
LIBRARY/LEARNING RESOURCES PROGRAM
CALIFORNIA AREA HEALTH EDUCATION SYSTEM

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February 1982

CALIFORNIA AREA HEALTH EDUCATION CENTER SYSTEM

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INTRODUCTION TO THE PROCEEDINGS

"CONSORTING WITH CONSORTIA: AN AHEC-SUPPORTED INITIATIVE FOR HEALTH SCIENCE LIBRARIES IN CALIFORNIA"

by

David Bishop, University Librarian,
University of California, San Francisco, and
Co-Chair, California AHEC System Library/Learning
Resources Advisory Committee

In November 1981, in a storm-lashed setting at Pismo Beach, some 40 librarians from throughout the State met to take a new initiative in the provision of health science information services. Their aim was to tie together at a yet more effective, integrated level the cooperative programs already built among the health science libraries of California. They succeeded in starting down the road towards this goal by establishing a "Council of Consortia" under the direction of the Library Coordinator of the California Area Health Education Center System (AHEC).

The meeting was sponsored by the Coastal Health Library Information Consortium, headquartered at San Luis Obispo. (Since we have now managed to mention "consortia" twice in reference to health science libraries, perhaps we should explain our usage. It is the same old word that has been with us for a century or so in relation to banks; it continues to mean a partnership or association, and came into use among libraries in the 1970's when a new word was needed to describe groups of libraries with cooperative agreements more formalized than the preexisting understandings of mutual support.)

Cooperation among health science libraries has, of necessity, been around for a long time; it has at least a half-century history in California.

Editor's Note: This article, to appear in the June issue of the California AHEC System's CalAHEC Bulletin, is reprinted here with the author's permission.

The AHEC program, with its own necessity for cooperative action, is ideally suited to build on this tradition. In the AHEC Library/Learning Resources Program we never lose sight of the primary AHEC goal, to provide educational programs to health professionals in underserved areas. Nor can we be shakedn in our belief that the provision of good educational programs requires library and learning resources services. To provide these latter in the best possible way, both effectively and efficiently, we must build on existing strengths. We see our role as catalysing and supplementing, never as supplanting.

The development of health sciences library consortia is an example of AHEC catalysis. We are not alone in this effort, as we will see in a moment, but our involvement in planning for, consulting on, assisting in, and helping implement consortia throughout the State is considerable. We have helped to develop six of them: Redding in the Superior California AHEC, Ukiah in the North Coast AHEC, Merced and the Central California Medical Library Group in the "old generation" Central San Joaquin Valley AHEC, and San Luis Obispo and Monterey/Salinas in the Central Coast AHEC. We are currently assisting in the development of three others: North San Joaquin AHEC through the University of the Pacific, Kern County AHEC, and East Bay AHEC.

The AHEC program, in brief, has helped develop almost half of the 20 or so health science library consortia in the State. Such development has had a large impact on the availability of library services. The informational resources themselves are now more rationally collected in a complementary manner, their existence and location are made know through shared listings uniformly compiled, they are made readily available at least cost, and they are for the most part at hand when needed. Similarly, the personal services of information specialists are readily shared, informally or through such structured means as clinical librarians or circuit-rider librarians; there is always some one to turn to for help.

None of this has happened in a vacuum, of course, nor through the efforts of AHEC alone. There are indeed many levels of effort at work to improve information services for health professionals. At the national level, leadership and support are provided by the National Library of Medicine (NLM), primarily--for its extramural activities--under the authority of the Medical Library Assistance Act of 1965 and its various extensions. Under this Congressional mandate, NLM has developed a biomedical communications network, of which one critical component is a Regional Medical Library (RML) system.

The RML system is nationwide. The country is divided into regions (originally ten, now consolidating into seven) each with a Regional Medical Library headquarters and a network of cooperating "resource libraries." A somewhat simplistic three-level hierachy is conceptualized. The "basic unit" libraries at the first level are expected to forward to the resource library level requests for information--primarily documents (books or journal articles)--which they cannot satisfy. If the requests cannot be met there, they are forwarded to the RML headquarters or directly to the National LIbrary of Medicine for filling. (NLM itself has international connections for the fulfillment of needs which it cannot satisfy.)

This somewhat formalized referral network is designed to provide the health professional, no matter where his or her place of practice, with the information he or she needs. It is very effective. It is also expensive, and it can be readily seen that fulfillment of a high proportion of needs at the "basic unit" level is essential for the working of the system, as well as being the least costly service. A high degree of local self-sufficiency is not only convenient, it is also necessary. The development of library consortia is a response to this necessity.

The National Library of Medicine recognizes this, and among its extramural services it provides a grant program whereby matching-fund seed grants are provided for the establishment of consortia. Grants have been made available to a number of groups in California. Indeed, funding for the 1981 meeting of consortia was made possible from this source. NLM also provides assistance for grant proposal preparation through its Regional Medical Library program. In California we are fortunate in belonging to one of the most effective RML programs, the Pacific Southwest RML Service headquartered at the UCLA Biomedical Library.

The Pacific Southwest RML Service has a number of functions beyond grant proposal assistance and being the regional keystone of the referral network described above. Of particular importance for the AHEC system is its continuing series of training programs for hospital librarians, held at varying locations throughout the State. Such continuing training helps seasoned librarians keep up with current developments and introduces newcomers to some of the complexities of health information services. An important subset of such training efforts is the RML's program of initial training and continued technical updating for the computer-based online reference services provided by the MEDLINE family of databases.

Health science library consortia, a coordinating AHEC Library/Learning Resources Program, a Regional Medical Library network, a national biomedical communications system--an impressive line-up, but not the whole team. The health professions do not exist independent of the wider society, nor do health science libraries. One of the great strengths of the consortium movement in California is the involvement of different types of libraries. The sponsoring consortium for the November conference, for example, is an association of 18 institutions that includes hospital, public, academic, and special libraries.

This inclusion of non-health-science libraries adds a dimension of expertise, of information resources, and even of delivery systems that would be otherwise lacking. Particularly important is the linkage with the public library networks by which California is well served--albeit with shrinking financial support. Under the leadership of the State Library a new master plan for California libraries is currently being formulated, and will include the promotion of statewide cooperation among all types of libraries. Health science libraries are already taking part in such cooperation and, in terms of our AHEC goals, further strengthening the educational support for health professionals.

It is not modesty, in my role as director of an academic health science library, that has led me not to give a starring role to this category of libraries. We do play a role in AHEC-related information services. But it is primarily supportive, in providing backup for document and reference needs and acting as resource libraries in the RML network. Our involvement is sincere; all of the libraries from the cooperating academic health science centers in the California AHEC are represented on the library program's advisory committee, and many have substantial commitments to local AHEC programs.

The starring role nonetheless belongs to the "basic unit" libraries, those on the firing line in underserved areas who must meet the immediate information needs of the educational programs. In forming consortia, from the smallest (with five member libraries) to the largest (with 18), they are showing all of us how to marshall our resources for the common good. They are also showing us how a good idea can be developed into an even better one.

One does not have to subscribe to the current "punctuated equilibria" revision of evolutionary theory to recognize the development of a consortium of consortia as an evolutionary leap forward. For the comfort of the gradualists among us I can also point to some step-by-step occurrences leading to this change. For example, "old generation" AHEC consortia are helping in the development of "new generation" AHEC consortia and thus not only sharing experiences but also building new linkages. (The Merced consortium from the old CSJV AHEC, for instance, is taking a "buddy" role in helping the group in Redding develop its consortium, as well as providing a training program for new groups in cooperation with other Central Valley libraries.)

The role of the AHEC Library/Learning Resources Program in all of these developments is a proper one. The program's coordinator, Marilyn Jensen, truly is coordinating this connection of libraries and encouraging the emergence of inter-consortia cooperation. At the same time the "basic unit" libraries are becoming more independent of their "resource" libraries--with excellent timing as service costs rise at the latter, and cost recovery practices are being instituted. Above all, the development of interdependence among hospital libraries will strengthen their group self-sufficiency, so that they will

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be better prepared to sustain their activities when the AHEC program is phased out--which is, after all, one of our goals.

I am proud of the work of my AHEC colleagues and of all of my colleagues in the primary health science libraries who have brought this important development into being. In the process of saying so, I have just about run out of "consort"-related words. But there is one from the 19th century (now largely unused in favor of "symbiosis") that I would like briefly to revive: consortism. It refers to the association of two or more entities, each one of which is dependent on the other(s) for its existence or well-being. In one sense all of us working with AHEC are indulging in consortism: we are all in this together. May the "Council of Consortia" flourish, to the well-being of us all, and the continued support of education for health professions.

WELCOME AND INTRODUCTIONS

MARJORY JOHNSON (Assistant Director, San Luis Obispo City-County Library): Welcome to San Luis Obispo County. We think this is a very special day because it is our first statewide conference of health science library consortia. I looked up in Webster's to see what "first" really means because this is the term Lynne Levine used in all of our publicity. "First" is the earliest, the primary, leading, principal, highest, prime, the one. That certainly does describe our getting together here today. Our forum is entitled "Expanding Opportunities for Cooperation in California," which has been the theme song of public libraries in California since Proposition 13. (I'm from a public library and I know.) Today we hope to get to know each other and to learn how, on a consortia basis, we can help each other. In other words, how to communicate and participate.

This day was planned by a committee of Lynne Levine, Betty Maddalena, Clara Keller and Robert Meyer. Lynne Levine is the Coordinator of our Coastal Health Library Information Consortium. She was a librarian in Connecticut for thirteen years. She's been in California two years. She has been with the Consortium since February of 1981 (nine months) and she has accomplished a lot with us here in those nine months. It is a pleasure for me to introduce to you Lynne Levine, the one really responsible for our first statewide conference on health science library consortia.

LYNNE LEVINE: I'm really very happy to see everyone here today. It's been a long while in the planning and now it's real, and I'm just delighted. I am not the only one responsible for this meeting. This all came together with lots of help. And the people I'd like to thank are all here today. They are Betty Maddalena from the Merced County Health Information Consortium; Bob Meyer, Coordinator of the Central Coast Health Sciences Library Consortium; Clara Keller also from the Central Coast Consortium; and Camilla Brown Reid, who is a wonderful volunteer. (She turned up in California just at the right time and Bob nabbed her, and she has been just a wealth of help.) All these people spent hours with me one day in Salinas to map out this program, and everything that we're going to be doing today is really due to all of their planning. Marilyn Jensen and Connie Fly from the California Area Health Education Center (AHEC) have also provided wonderful support. They contacted many of you personally and did a lot of coordinating throughout the state for this day. I also want to thank Mary Lou Wilhelm, who has been my main support and consultant for everything since I've been with the Consortium, and Pat Haberkern, a delightful young woman who has helped me get the packets together and handled the reservations, and Marge Johnson for all the beautiful flowers and the centerpieces on the tables. Thank you all.

WHAT'S HAPPENING IN LIBRARY COOPERATION IN CALIFORNIA

MARJORY JOHNSON: Our first speaker is Marilyn Jensen. Marilyn received her library degree from the University of California at Berkeley. Since then she has worked in a large medical center library (University of California at San Francisco) and several special and hospital libraries. One year she spent an exchange year at the Pacific Southwest Regional Medical Library Service (PSRMLS) at UCLA. From 1973 to 1975 she initiated the first (there we go again) the first California AHEC Library Program, in six rural counties in the Central San Joaquin Valley. Then about a year and a half ago she returned to AHEC to assume the new position of Statewide Coordinator for some seventeen AHEC library programs throughout California. Marilyn is going to talk to us on "What's Happening in Library Cooperation in California."

MARILYN JENSEN: Thank you Marjory. I'm delighted to see so many people here today and I especially want to thank Mary Lou Wilhelm, the Director of the Cuesta College Library, because I understand she is the one who had the idea for this forum a long time ago when the grant proposal was written. We owe her a debt of gratitude.

"Library Cooperation in California" -- there is a great deal of it. You are aware of some some it. I became more aware of it as I tried to put this talk together. And frankly when I tried to limit it to twenty minutes I felt like a mosquito in a nudist colony -- I didn't know where to begin! But I'll try. Let me first give you a brief historical perspective, then a rundown of activities today, and finish up with some information about activities of some specific health science library consortia in California.

The first example that I could come across of substantial formal cooperation among libraries in California was a union list of serials compiled by a group of special librarians in Southern California. They had special needs, like hospital and health science librarians, and many were individuals without sufficient library background or training. So they banded together and produced a union list. This was -- now get this -- this was in 1925. That is fifty-six years ago! So we are really not all that innovative.

Historically then we jump to the forties and fifties when many public libraries began cooperating. Libraries within cities and/or counties got together and realized they needed to cooperate and share their resources.

A little bit later the reference centers in California came into being. Most of you are familiar with such centers as BARC, the Bay Area Reference Center in San Francisco, Black Gold in

Southern California, and CIN, the Cooperative Information Network in the South Bay. Those centers have become an important resource for patrons of all kinds of libraries.

The 1970's were particular years of cooperation and most libraries of any substantial size during the 70's became members of cooperatives. These might have been just small informal groups where librarians talked on the telephone and decided to cooperate, or they could have been very large, multi-institutional systems where there were legally air-tight contracts, such as the public library networks. And about that time, 1969 to be exact, is when the Pacific Southwest Regional Medical Library Service (PSRMLS) came into being. I'm sure most of you are familiar with PSRMLS, and know Bob Bellanti who is here today representing our RML. PSRMLS has always promoted cooperation among libraries from the very beginning and, of course, they are funded by the National Library of Medicine, who is responsible for initiating the "biomedical communications network." This network links hospital libraries with larger resource libraries, and then to the regional library, and eventually the National Library of Medicine for backup support. PSRMLS has been very helpful in promoting NLM consortium grants for hospital libraries. Many of you here have received NLM funding. PSRMLS also provides workshops for hospital librarians throughout California and I think one of the best things that happens following these workshops is the cooperation among librarians that occurs. They begin to talk with one another, find out about mutual problems, goals and needs. They not only communicate but begin to cooperate after they return to their libraries.

Then a few years later, in 1973, the AHEC Project began in California. This Project provides educational programs to bring health professionals into areas where we do not have enough of them (underserved areas). The AHEC Library Program has been an important component of the California AHEC Project from the beginning. The philosophy is that by improving libraries, library resoures and services in these underserved areas, the professional environment will be improved and health professionals will be attracted to these areas and may decide to stay and practice there. The AHEC has worked very closely with the RML and we've jointly sponsored programs and in many other ways complemented each other which has been, I feel, of value to both of us.

The California State Library has also been active in promoting cooperation and in taking a leadership role for public libraries. This year, 1981, it has been exciting to see the Master Plan for California libraries begin to develop under their leadership. As many of you know there have been meetings of representatives from all kinds of libraries throughout the State: public, school, law, medical, academic, etc. Bob Bellanti has been the representative for health sciences and medical libraries. These representatives met and decided that a Master

Plan for California libraries was in order and since then there have been a number of working groups that have met to put together goals and objectives. What they want to come up with is a plan that shows "we've got it together," we know where we are going, we know what we want to do. It could be something, for instance, to present to the State legislature, to our administrators, and to other people who support our libraries so that we all know that we are going in the same direction and are not pulling in separate directions and asking for funds that are going to overlap. So I think that is really an exciting movement in California. And I encourage you to take an interest and to read the draft and offer your comments when it is circulated.

Another agency that's been active in California is CLASS. Many of you are members of the California Library Authority for Systems and Services. Essentially it is a public agency supported by state funds as well as fees from member libraries. They hope to be the facilitator of resource sharing projects -- the kinds of things that individual libraries would find it difficult or not cost effective to do on their own. They have already put together a number of union lists. Maybe you have heard of CULP (California Union List of Periodicals), CALLS (California Academic Libraries List of Serials), and CATALIST.* I am not suggesting that you should own all of these lists. Some of them are probably in your nearby public or college libraries and are better situated there. But you should be aware they exist and know where they are located in your community.

Two other important union lists in California that you should be aware of are COSAP (Cooperative Serials Acquisitions Project) and the union list published by the Medical Library Group of Southern California and Arizona.* COSAP will be coming out very soon through the UCLA Biomedical Library. It will have the holdings of the resource libraries, that is the university medical center libraries in our region. And it will probably be $12-15, so most of your libraries will be able to purchase a copy. It will help you in locating medical serials in California, and with interlibrary loan fees going up it would be a useful ILL tool. The MLG union list is now in its fourth edition. It has been computerized and will be available very soon, again through UCLA Biomedical Library. It will include the holdings of about 100 institutions, the member libraries of that Group. The cost will be $40-50, depending on whether you're a member, so it may be something one consortia might consider purchasing cooperatively.

Another interesting activity occuring in Southern California that has to do with cooperation is the coupon system, a system organized through the MLG where you can purchase coupons (one dollar per coupon) and use them as script among libraries. So instead of having to pay in cash for interlibrary loan they use these coupons. It saves a lot of red tape. In fact they are now being used to pay for other services such as MEDLINE searches.

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*See Appendicies

Now I would like to concentrate on some specific California health science library consortia. Most of them have had support from the AHEC, RML and/or the National Library of Medicine.

First, there are two in Southern California that are somewhat unique and specialized. One is CHIPS (Consumer Health Information Program and Services). They have concentrated on patient and consumer health education. They are, or were, funded by LSCA, the Library Services and Construction Act. They concentrate on bilingual information: English-Spanish. They publish a newsletter, bibliographies, have TEL-MED, and share audiovisuals. In other words, they are quite active. CHIPS is a cooperative between the Los Angeles County Public Health Department, which means the county hospital, Harbor General, and the Los Angeles Public Library.

Another specialized group in Southern California is the Nursing Information Consortium of Orange County. Joyce Loepprich from U.C. Irvine is here today as their representative. There are 24 members from various kinds of institutions (including 14 hospitals). They are presently funded by the National Library of Medicine and are using their funds to purchase nursing materials. They are hiring a clinical nurse specialist, and will be having programs at community colleges to teach nurses how to use libraries and how to develop library skills. They have a computer-produced list of their books and journals, and they publish a newsletter.

In describing the remainder of the consortia I am familar with, I would like to proceed in order of their development, the youngest ones first.

Up near the northern coast of the state a consortium was recently developed in Ukiah including some 14 libraries (6 hospitals) called the Mendocino-Lake Regional Medical Library Consortium. Anna Chia, medical librarian at Ukiah Adventist Hospital, is here today representing that group. The institutions met together and hired a consultant to help them write a grant proposal, so we will keep our fingers crossed that it is accepted. That is an isolated, rural area where resources are very limited.

The next one in line of development is the Redding Library Consortium situated in the Superior California AHEC region. Randa Gregory, the consortium coordinator is here today representing that group. They are a smaller group, about five libraries at this time, but they are doing some interesting things in outreach. Randa has been visiting a lot of smaller hospitals north of Redding providing consulting services and trying to establish a network for information transferral. (I think that is an extra consortia activity that is very worthwhile.) That region is also very isolated as many of you know. They have also published a union list of serials and have sponsored some training programs in cooperation with the AHEC and U.C. Davis. We just learned last week that their grant application for the first year of funding was approved, so now we have to keep our fingers crossed that funding will be forthcoming very soon.

The Coastal Health Library Consortium is next in line and as you know, Lynne Levine is the coordinator of that group. They are responsible for having this forum today, which is funded by NLM. The consortium centers around San Luis Obispo with headquarters at the Cuesta College Library. There are 18 members (8 hospitals), and they meet monthly and have published a union list of serials, a newsletter and a resource directory.

The Central Coast Health Sciences Library Consortium is just ahead of them in stages of development. Bob Meyer is the coordinator, along with Clara Keller, the medical librarian at Natividad Medical Center. They are presently in their second year of funding from the National Library of Medicine and are involved with collection development and shared acquisitions. There are about 15 members in that group and it is centered in the Salinas/Monterey area. They also have a union list and a newsletter. One new idea they are exploring is that of a circuit rider librarian who would provide service to the small outlying hospitals that lack adequate library staff.

Next there is the Medical Library Consortium of Santa Clara Valley in the San Jose area. That is a very active, dynamic group and they have accomplished a great deal. Susan Russell, from the San Jose Hospital was hoping to be here today, but was unable to make it. AHEC can't take any credit for the development of this group. They were funded in 1977-1980 so they have been "on their own" now for a year and a half. They are still going strong. Rather than hire a coordinator as many consortia do, they funded a part-time clerk to work in the largest hospital library to be available to photocopy and mail material to the members. This service has been continued through dues collected from the member institutions. I think there are seven members. They have also compiled a computer-produced union catalog of journals, books and audiovisuals. They recently determined that this list was less expensive produced on microfiche, and in fact saved enough money by using that format to buy each institution a microfiche reader. Their group also provides free consulting service to non-member hospitals in their area.

And now last, but by no means least, is the Merced County Health Information Consortium. Betty Maddalena has been the key person to spearhead this group and keep it moving. Their consortium has seven members, and as most of the others I have mentioned, the members represent not only hospitals, but public, academic and other special libraries. Their consortium encompasses one county but because of their success and willingness to share, their influence is spreading. Betty has been asked by other groups, especially AHEC, to share her expertise. Their funding was in 1978-1979, so they have been without federal funding for some time, and Betty would be a good resource person to talk with about this period of development. Betty's group is also closely tied into a public library network (49-99) as are many of your groups. This tie in is very beneficial in that she can receive van delivery service from as far away as U.C. Davis or the State Library. The Merced Consortium has also agreed to be a "buddy" to the Redding consortium, which means they are available for consultation and advice. Betty has visited Redding and has extended invitations to members of the consortium to visit the Merced libraries. If the Redding consortium receives NLM funding, the expense for such travel was included in the proposal.

I think that is one of the most exciting things I see happening here in California. Throughout the state, libraries are getting together and consortia (formal and informal) are being formed. This is often with support from the RML and AHEC, and with seed money from the National Library of Medicine, but the real effort and hard work takes place at the local level. As these groups develop and gain experience in the dynamics of library cooperation, they are beginning to reach out and share. Not only are books and journals and union lists being exchanged, but advice and the expertise that only comes from experience is being transferred from one group to the next as new consortia begin to develop.

In sponsoring this forum today, the Coastal Health Library Information Consortium is playing a key role in this development. It is an excellent illustration of how one group can bring libraries and consortia together to exchange information. I hope it is only the beginning of this movement towards increased communication and cooperation among library groups especially health sciences library consortia.

Reference:
Chadwick, Catherine, "The Development of Library Cooperation in California," California Librarian, 39:31-37, October 1978

MARJORY JOHNSON: Our next speaker is Connie Fly. Connie's primary interest and expertise lies in the area of rural hospital libraries. In the last ten years she has worked at California State University, Fresno, where she received her B.S. degree; Fresno Community Hospital; Mercy Hospital in Bakersfield; and Kaweah Delta District Hospital in Visalia where she is currently medical librarian. In 1979, Connie was hired as half-time coordinator of the UCSF Regional Area Health Education Center Biomedical Library Program. She is currently acting as a library consultant for AHEC in the North and Central Coast regions. She is charged with stimulating library development in health care institutions, facilitating interlibrary loan cooperation and resource sharing. Connie will be speaking to us on "Health Science Library Groups in California."

CONNIE FLY: Every health science librarian, no matter what size of library they are working in, should be a member of one or more medical library groups. The purpose of my discussion this morning is to briefly review the Medical Library Association (MLA) and two of its chapters: the Medical Library Group of Southern California and Arizona (MLGSCA), and the Northern California and Nevada Medical Library Group (NCMLG). The objective of these groups is to foster medical and health science libraries, to promote cooperation among these libraries, and advance professional growth of health science librarians. There are approximately 5,000 individual and institutional members of the Medical Library Association. It was founded in 1898 and incorporated in 1934, so it's been here for a long time and hopefully will also be around to celebrate its hundredth year which will be coming up in about 18 years. There are nine categories of membership. The two most common are the regular or individual membership. Its dues are $45.00 annually. The other most common membership is the institutional and its dues are based on the number of subscriptions in your library.

There are sixteen sections to the Medical Library Association. Of special interest to many of us is the Hospital Library Section. Its dues are $5.00 per year and anyone who is a member of MLA can join this section. We are fortunate to have with us today Camilla Brown Reid who is a former officer of that section so I'm sure if you got together with her later today she could certainly fill you in about it. We also have application forms if you're interested.

Continuing education is one of the important benefits of MLA. It currently has 36 courses available for presentation, with syllabi costing $10.00 each. Another program supported by MLA is its publications. They are: the Bulletin of the Medical Library Association, MLA News, Directory of the MLA, Current Catalog Proof Sheets, Index to Audiovisual Serials in the Health

Sciences, Vital Notes on Medical Periodicals, and several monographs. There are other programs that MLA provides but, unfortunately, time does not permit us to go into them in depth today. However, one of the other items which has special meaning to many of us Californians this year is the annual MLA meeting. This meeting is held in June over a period of about four or five days and has a variety of program formats. This year it will be in Anaheim, California from June 12-17 and if you're not already planning to attend this meeting I hope you will.

It's now time to discuss and review the Northern and Southern California Medical Library Groups. I'm sure many of you are members of one or the other. The Northern Group's boundary lies north of Fresno and has recently taken into its fold the state of Nevada. Its dues are $10.00 per year and the membership term runs from June 1 to May 31. The Medical Library Group of Southern California and Arizona's boundary lies south of Fresno. Its dues are $15.00 annually and its membership term runs from July 1 to June 31. Both of these groups have elected officers. They have bylaws, various committees of interest, publish quarterly newsletters, have membership directories, duplicate exchange lists and provide educational programs. They meet at least three times a year with an annual joint meeting hosted by one or the other group in alternate years. This coming year the joint meeting will be held in Monterey in February. Geographically, the Northern and Southern groups cover highly populated as well as some very rural areas within the three state region. This geographical distance and diversity has made it difficult for these organizations to meet all of the cooperative, professional and education needs of its membership. This has led to the formation of subgroups according to geographical proximity such as the Central California Medical Library Group; or according to special interests, such as mental health or nursing groups. I hope after my talk this morning that some of you will share with us some of the groups that you may be members of, how they came to be formed, and what activities you're currently involved in.

Since I have been personally involved, since it inception, with the Central California Medical Library Group, or as I will now refer to it as CCMLG, I would like to review with you a little of its historical development and current status. Although we have never called ourselves a consortium per se, we really do function as one on an informal basis. In 1972, the AHEC Biomedical Library Program was established. At that time there was little library development, cooperation or communication taking place among the San Joaquin Valley libraries outside of Fresno. This left a large proportion of the six-county area without any kind of quality library service. Thus there was a large segment of health care professionals who were receiving little, if any, medical information resources from their own local medical libraries. By 1975, enough library cooperation and communication had taken place so that a loosely structured group of librarians was formed. We had no name, no

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dues, or any formal affiliation with another group. Our primary purpose was simply to provide coordination of the union list of serials that AHEC published and updated, to provide occasional education programs, and most important, a means of communications. At that time, participants were primarily from Fresno and Merced counties. By 1977, the group's activities had developed a sense of cohesiveness and we chose for ourselves a name: CCMLG. At this point we still did not elect officers. We thought of ourselves as a grassroots organization and kind of liked it that way. AHEC was still around and the AHEC Coordinator acted as our secretary and provided much of the organizational support. In fact, the Coordinator functioned in much the same way that some of your consortium coordinators do now. When AHEC funding was discontinued in the Valley in 1980, it was decided that in order to continue as a group, to obtain more credibility with our own hospital administrators, the outside world, and other formal medical library groups, and to continue to provide educational programs of the quality that many of us were now accustomed to, we would have to elect officers. That was a real growing pain for us. (And that's one of the topics we are talking about today.) We kind of liked our grassroots organization, so I guess we went from infancy to adolescence at that point. We still don't charge dues, and I suppose at that point we'll become young adults. I'm not quite sure, but I think that we are all beginning to realize that we are eventually going to have to charge dues to support the activities that we're involved in. Our first president was Ann Keeney and that was in 1980-81. She is the librarian at Fresno Community Hospital and through the years has been almost a mentor, to many library managers in providing training for them and showing strong willingness to share resources with other libraries. Our current president and newsletter editor is Betty Maddalena who has shared with us her expertise in library consortium development and cooperation. She also assisted in establishing ties with the 49-99 public library system which led to our union list being included in their larger one which is computerized and now encompasses libraries as far north as Stockton and as far south as Bakersfield.

The CCMLG accomplishments to date include cooperative acquisition of journal titles. We analyzed interlibrary loan statistics and two or three librarians informally agreed to add a new journal title that had been requested frequently on ILL. So that's where once again we're performing and acting like a consortium even though we don't call ourselves one. Another is we've standardized as much as possible our MEDLINE fees. There are now five hospital MEDLINE stations in the San Joaquin Valley. One is at Merced. There are four in Fresno (at St. Agnes Hospital, Veteran's Administration Hospital, Fresno Community Hospital and California State University, Fresno). And then there is one at my hospital, Kaweah Delta Hospital in Visalia. So by standardizing our fees as much as possible we eliminate competition and confusion among our patrons. We also now have regular quarterly meetings where an educational program is offered. Some of our programs have been very basic, such as the one on subscription agencies, what they are and when to use them, or on binding, to bind or not to bind our journals. We have also sponsored workshops by the RML such as the audiovisual workshop.

Within your own consortim, you should look to individuals who may have expertise in areas like mental health or database searching and ask them to put on a program for you. Perhaps once a year you could sponsor a program with your public library system. Another important accomplishment that CCMLG members enjoy is the quarterly newsletter. It has given us a sense of cohesiveness and is physical proof of our group's existence and cooperation. Another aspect of our group that is more of a commitment than an accomplishment is the attempt at outreach to smaller institutions in our own respective regions in trying to draw them into our group. It is a fine line to tow in the types of programs that we present and we are beginning to face some of the very same problems that the Northern and Southern Groups face, when you have a very diverse membership. As some of our member libraries grow and become more sophisticated, they are leaving the small rural hospitals behind. Realistically we have to realize that these hospitals will always remain small and will always remain rural. They will probably never have a full-time or even maybe a half-time librarian. The library managers from these small hospitals wear many hats of which the librarian is usually only one. Some are interested in libraries, others are so busy they could care less. It is those that are interested and want to learn who we must make every attempt to be receptive to. We must make them feel not only welcome in our groups, or organizations, but also a part of our profession.

Our final accomplishment lies in outreach beyond our local area such as to the Central Coast Health Science Library Consortium centered in Monterey and Salinas. Union lists have been exchanged and interlibrary loans are filled when the requested material is not available within our own respective groups. Here is where the new challenge lies for many of us. As our groups or consortia grow, we will find the need and desire to cooperate with other consortia. It will not necessarily be easy because you're dealing with more people and institutional policies. They may not encompass new geographical boundaries so that these boundaries will need to be expanded. However, the end justifies the means, because the patrons we serve will ultimately receive the benefits as we will have a broader base of resources to draw upon.

I hope that some of you here will share with us some of the groups that you are aware of that I didn't mention and tell us a little bit about them.

JOYCE LOEPPRICH: The Medical Technical Librarians of Orange County is another group which was formed in the late 60's as a result of cooperative interactions between several medical librarians and a desire to meet together without travelling long distances on the freeway to Los Angeles. Today the membership of the group is about 40, and consists of special and medical librarians, library assistants, and library technicians. Officers are a President and Secretary-Treasurer. Dues of $1.00 per year cover postage and mailing expenses. Meetings are held three times a year and usually consist of a luncheon followed by a speaker and/or a tour of a library or library-related institution.

CONNIE FLY: Yes, that is exactly what we are talking about. Even though you may be members of a larger group you still may find the need to get together locally because of special interests or because of geographic distances, and you may decide to form your own group.

We formed our own group because many of us couldn't get down to Southern California. However, many of us do make a big effort to attend the Joint Meeting. We may not be able to attend any of the other Southern or Northern Group meetings, but we budget for the Joint Meeting of the two groups in February. Another reason we formed our group in the Valley is because we had a lot of small, rural hospitals whose librarians did not have any travel budget. It was the only way we could get together and have meetings.

I also want to say that any of you who are interested are more than welcome to join the Central California Medical Library Group. We have had some visitors from the central coast who have come over to a couple of our meetings. When we say Central California, that also includes the coast, so we certainly encourage you to participate in our group as well.

I can tell you from experience that I get a lot out of having a newsletter. The cost is nominal and a lot of good information can be transmitted through them.

Any other groups that you are aware of?

JOYCE LOEPPRICH: One other group that we have going is the Task Force for Cooperative Health Information for Orange County. It was formed as a result of a conference held at U.C. Irvine in February of 1979 to discuss the need to develop cooperative efforts to meet the health information needs of consumers in the Orange County area. Members include medical and public librarians as well as representatives from the health professional groups in the area. The task force has worked through the LSCA-funded LOCNET (Libraries of Orange County Network), and presents recommendations for public library acquisitions, educational programs on health and medical topics identified by reference librarians as frequently requested by the health consumer, and identifies health and medical information resources available or needed in the Orange County area. It's rather informal, but we have had some excellent programs and have become acquainted with lots of public librarians and the resources available in the area.

CONNIE FLY: Another group that I thought of that we just formed in the Valley, which I think others will see cropping up, is an online users group, having to do with online database searching. We have only had one meeting so I can't tell you a lot about it, but it is not simply for people who do searching but for anyone who is interested in it. We are realizing that there is a lot of database searching going on and being offered and it is imperative for us as librarians to know what is available, so that we can direct a patron coming into our library with a question that is not appropriate for us. We need to know what libraries are offering database searching, what databases they offer, the cost, and where to refer our patrons. So you should be aware that it may be happening soon in your area as more and more libraries begin offering database searching.

DEVELOPING HEALTH SCIENCE LIBRARIES IN A CONSORTIUM SETTING

MARJORY JOHNSON: Our next speaker is Betty Maddalena. She has been the medical librarian at Merced Community Medical Center since 1974. Her initial medical library training was provided through the Pacific Southwest Regional Medical Library Service training sessions. She has expanded this training in a variety of workshops and classes and is currently enrolled in the MLS degree program at San Jose State. Betty applied for and received an NLM Resource Improvement Grant in 1975 and an NLM Consortium Grant in 1977-79. She has actively supported consortia development in various parts of California and has recently been involved in consulting work with small hospital libraries. Betty is going to talk with us about "Developing Health Science Libraries in a Consortium Setting."

BETTY MADDALENA: I may be talking directly to only a few of you since I looked at the list of participants last night and found that there are some people from very large institutions as well as some from medium and small libraries. It is my belief, however, that no two libraries are alike and this is especially true of medical libraries. So in listening to me this morning, take what applies and may be useful to you and look for ways to tailor any ideas to your own situations.

Merced is a rural area somewhat isolated from the usual sources of health information such as large hospitals and universities. My hospital is an acute care 176-bed hospital, with a residency training program, an affiliation with an LVN and RN program through Merced College and a radiology tech program also through the college. We are located in the San Joaquin Valley, and until the Merced County Health Information Consortium was funded, ours was the only medical library in the area.

Like many of your libraries, the development of the medical library at the Merced Community Medical Center (MCMC) was spurred on by grant funding from the National Library of Medicine. In 1975 MCMC received a Resource Improvement Grant which allowed the library to purchase a core collection of books and journals. As a result of this collection development, and with support from the administration of the hospital, the library became a health information resource center for Merced county. As use of the library increased, however, by students, allied health personnel, mental and public health department personnel, professionals and staff, it became obvious that to meet the ever growing needs in the county we would need to plan for greater library development. The consortium concept seemed to be an obvious solution to future growth in Merced.

After obtaining the approval of the administrator, a letter was sent to all of the hospitals in the Merced-Mariposa area, to the community college and to the county library. The mental health and public health departments were also contacted. The response to this initial inquiry seemed to indicate an interest in pursuing the idea of a consortium.

A meeting was called of administrators, library personnel and a representative from the Pacific Southwest Regional Medical Library Service and the Area Health Education Center to discuss the grant and what would be expected from participants. There was some concern on the part of administration that the amount of the grant was too small to warrant our involvement. The funding provided at that time was $3,000 for the first year to be used for planning and organizing. It was ultimately decided that even though the funding would only partially cover the cost of writing the grant and developing the kind of organization that would become effective, we should move in that direction. We felt that if we didn't begin to develop the other hospital libraries and expand the resources available in the county, it would be impossible to meet the informational needs that were growing each day.

But an effective consortium does not develop overnight. It takes planning and it takes time. During the first year, the planning year, we offered two workshops to train library staff in medical reference and to familiarize them with the library information network. We held monthly meetings of library representatives. At these meetings we developed our second year proposal ideas, worked out the problems of sharing and generally became a cohesive group.

Our second year funding began in September 1978, with a total of $14,000 to purchase books and journals. The matching funds were to be used by each institution in a way which they felt would be most beneficial to their library.

We must keep in mind, however, that while grant funding is very nice and can serve as the means to establishing libraries, it must not be the end in itself. If you receive a grant, refer to it often and in ways that will help gain future support. For instance, in talking to administrators remember that the receipt of funds commits you to a certain level of service and future support. In talking to physicians, staff and the community, realize that receiving a grant shows that your library is an important part of the health care scene. Use the fact that you have received a grant in any way that fits your situation and that will help you to promote your library's image and its services. Don't view the grant as an end because it is only the beginning.

Now I would like to talk a little bit about some of the components in the development of a health science library, and then show how each of these components develops in the consortium setting.

One of the primary components is administrative support.

This is usually in the form of a budget, but hopefully will include other kinds of support as well. The best approach in gaining administrative support would be to either have an administrator who is a library user or to turn him or her into a library user. Some suggestions might be to send him literature on some topic which you know is currently being considered by administration. If you are not already a department head, you might try to become one. This will help you to be aware of what is being planned and allow you to be more responsive to the interests of your users. Keep in mind that it is the librarian's responsibility to understand and meet the informational needs of the hospital's administrative staff and to educate the staff as to what a good library is and does. The librarian should be an effective manager which includes preparing and adhering to a budget, supervising staff (paid or volunteer) and providing a comprehensive quality information service that supports the objectives of the hospital.

The second component for development is your user population. In my library this includes physicians, students, staff and members of the community. Each of you will be guided by your hospital's policy as to whom you will serve. If there is no policy you will help to formulate one. Your involvement in consortia that include public and academic libraries will tend to open your libraries perhaps a little more than they have been in the past. I feel that this will be a good development, but one which will require the formulation of new guidelines. I don't think that you need to fear that you will be overrun by the public or by students. You can work with the members of your consortium to develop guidelines. But keep in mind that the reason for the library's existence should be to provide information. Your user population will be happy if you are responsive to their information needs. Requests are your key to information needs. You may not choose to purchase every book requested but you will need to find some way of providing the information. I find that people are happy if you can provide them with the information they need and they do not really care how you do it. The steps to meeting user needs include: 1) developing a core collection to enable you to be as self-sufficient as possible, 2) developing ties with other libraries to help meet information needs that are beyond your collection, and 3) getting to know your collection. I find that is valuable. Look at each book as it arrives (when you have a small enough collection) and see what kind of tables it has, what information might be in the preface and introduction, and what subjects are covered. I also look at each journal as it arrives and route table of contents to interested persons or certain articles of interest. I realize that if you subscribe to hundreds of titles you will need to be selective.

The final, most important, component is the librarian. Especially in small medical libraries it is the librarian who make the library. Those working in medical libraries will find that their role includes a mixture of diplomat, detective, marketing specialist, administrator, janitor and much more. Your job is a very important one and a very exciting one. The books and journals that you are purchasing with your funds will only be as useful as you make them. The American Hospital Association has said, in part, that the library is more than a warehouse of stored information. It is an essential source of knowledge, capable of generating information and that the library represents all the interests of the hospital. It is up to the librarian to see that this holds true.

Ideally the library should be a learning center and the librarian an information specialist who is aware of the information needs of the institution and has the expertise to either meet those needs herself or to know how to contact those who can.

Having briefly looked at what I see as the components of library development, let's look at how these components fit into a consortium setting.

Administrators tend to be impressed by efforts to minimize costs while maintaining levels of service. The financial advantages of cooperation can be shown. Administrators also know that consortium involvement is very popular with agencies such as JCAH, the Joint Commission on Accreditation of Hospitals. Your consortium membership needs to be documented in your policy and procedures, and mentioned when your library is being inspected for accreditation.

As I stated earlier, the individual using your library will be happy if you can provide the information he or she needs. Consortium involvement will help you to do this. Sharing of resources and planned collection development will provide for a greater information pool and the sharing of expertise means ultimately better service for the patron.

Most of the benefits of consortium involvement are for the librarian. In a 1979 article by Robert Sekerak reporting on the five-year experience of a consortium in a rural area of New England, it was pointed out that the librarians who were most active in the cooperative activities achieved the greatest gains.

In closing let me say that the benefits of the consortium we formed have proven us correct in our decision to work toward its development. As we suspected in the beginning, the advantages of consortium involvement go far beyond the initial receipt of grant funds. The development of a network of libraries committed to providing health-related information has expanded our resources both in materials and in expertise. The idea of collection development without unnecessary duplication has been especially appealing in Merced because the library collections are small. To make the materials we have more readily available, the consortium has been able to tie into a pathology lab delivery system between the hospitals and we can now send and receive material twice each day. This makes the sharing of our resources as easy as picking up a phone.

The consortium meetings provide an opportunity to share job related experiences, expertise, problems and solutions. The group can be used to gain moral support. Continuing education programs for member librarians can be a project of the consortium.

Since our consortium was formed we have had personnel turnover in three of our six member libraries, and the consortium has been able to help the new librarians step into their jobs more effectively.

Once the attitude and methods of sharing are established this leads to other areas of cooperation. For example, two of the hospitals in the consortium are just beginning to develop a patient education program and we are able to avoid duplication of effort by cooperation.

The initial goals set by your consortium will probably be only the beginning. I hope that this meeting today will help to point out areas of future cooperation which will benefit each of us in our individual libraries and help us to provide better service to all of our patrons.

GROWING PAINS OF CALIFORNIA CONSORTIA - A PANEL

MARJORY JOHNSON: Now we have a panel discussion on "Growing Pains of California Consortia." On the panel are Lynne Levine, Betty Maddalena and Robert Meyer. You have met the first two panelists already this morning, but I would like to tell you something about Robert--Bob Meyer. He has his library degree from the University of Chicago. He has been an electrical engineer and manager of a clinical laboratory. He has held positions at academic, public and special libraries in Chicago, Washington, D.C., and California. As a library consultant for 18 years, he has engaged in many user surveys, research studies, and continuing education programs, in addition to library planning and evaluation. A few years ago he also acquired a masters degree in public administration. In 1979 he wrote the grant application for the Central Coast Health Sciences Library Consortium, and eventually became its coordinator. Headquartered in Salinas, the consortium includes seven hospitals, four community colleges, two universities and a two-county public library system. It is now in its second year of operation.

LYNNE LEVINE: We're going to do this in a chronological sense of our progression. Our consortium, the Coastal Health Library Information Consortium, is in its first year; Bob's consortium is just approaching or into its second year; and Betty's has completed two years and is in its post-grant state. And so, we thought that we would go in that chronological order to give everybody an idea of exactly where each of us are, and how we got there. We can all put the three stages together--first-grant year, second-grant year, and post-grant period--and get an integrated picture of consortia development.

The Coastal Health Library Information Consortium was funded in January of 1981. Our Consortium then consisted of 13 institutions. Incidently, our first-year grant was written by four people, all having very busy professional jobs in different places, and the grant writing was done after hours. Three of the grant writers are here today: Paula Scott, who is the MEDLINE analyst at Cal Poly; Marie Logan, the medical librarian at Atascadero State Hospital; and Mary Lou Wilhelm, who is the Director of Library Services at Cuesta College. Gloria Ballinger, a clinical psychologist, was the fourth member of the grant writing team. She was at the San Luis Obispo Mental Health Department, but has since left for New Zealand where she is now working and making her home.

And so the first-year grant was written by these four very able people. The Consortium, as I've said, consisted of 13 institutions at that time. We are now 18. The groundwork was certainly laid very beautifully before I arrived, and I think the addition of members was just a result of making personal contacts. I felt this personal contact was important and set out to reach each institution, their administrators, and their staff, and of course the librarians and the people who had been assigned this job.

The cooperation I have received from every Consortium member has been great. A shining example of it is certainly evident today. All but one member library is represented. Seventeen of our institutions are represented here today! I would like to applaud the Coastal Health Library Information Consortium. That's the sort of cooperation that I have had since the very day I took this job, and that's really the truth. There's been nothing that I've asked for that I've needed that everyone hasn't been just terrific about providing. We really are a consortium and that's the name of the game--to help each other and therefore help the county health science professionals get better access to medical information. So, it's this cooperative spirit that we've been operating under, and that's what I've found on every single one of my visits. Lots of administrators have been polite, but not convinced of the importance of the library to a hospital. That's one of the things that we're going to be talking about, and it may be some sort of a problem making people aware of the importance of library services to the professional staff. I've found in my visits that lots of people in smaller institutions were not really aware of what library services could mean to their hospital.

The next order of the day for us was to really get our organization together in terms of a directory so that everyone would know who everyone else is. The first thing that I did was publish a directory, giving pertinent information about the institution--its special collections, the contact person, telephone numbers, and so forth. The next thing that we did, in order to share information, was to publish a union list of serials with a committee that worked at culling this all together. The union list really made a big difference. I remember the excitement of everyone when I distributed the list. It was not too long that we all started to use it, working together and sharing information. Whenever there are requests that are made, our members have been really excited about finding the information right here in the county, where before it was down to the Regional Medical Library in Los Angeles or the Reese Library in Santa Barbara. Many times there was a long waiting period for information; but now it's, most times, just a matter of a day or two to fill a request, because much of the information being sought is right here among our own libraries. And so, the union list made a great big change and a big impact on user information here.

Another thing that I found that was really a big plus for us, was our monthly meetings. We have had super attendance. We've had at least one representative from every institution and, in some cases, more, and there's been input from most everyone. There's been enthusiasm and a lot of sharing. Several people

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have said that they really feel like a family. Monthly meetings are a wonderful way of exchanging information, anecdotes, getting work done, and also seeing each other's libraries since we meet at a different library each month, and most of the host librarians will provide a tour. We were at Atascadero State Hospital last month and Marie provided a tour of the entire hospital, which most had never seen. Sharing is easier when you know who you're dealing with and you know the institution you are borrowing from.

The newsletter is another way that we've found to communicate between meetings. The newsletter is sent out once a month and it generally is sent out about two weeks after the meeting, providing the minutes of the last meeting, information of the coming meeting, and whatever other information that I want to exchange or get to members--such as free offerings, changes and updates in the union list, and changes and updates in the directory.

One of the things in the newsletter that lots of people have found interesting is our first column, "Getting to Know You." We have a brief biographical sketch about each of our members. A different member is featured each month, and it isn't limited to their professional life and credentials. It also touches on their personal side, talking about hobbies, family, travel, etc.

We have started library committees where they have not existed. I've talked to committees comprised of the hospital staff and head of departments. The hardest job I'vehad is to make people in institutions, staff members, doctors, nurses, physical therapists, dieticians, all hosptal staff, aware of how library services can make their life easier and help them do their job better.

Most people, and all of you who are librarians know that a lot of people think that librarians just stamp books. We all have to get out there whether it be in a medical library, school library, or a university library, to spread the word that there are a lot of things that happen and that can happen through librarians and the services that we render. That is something that I hope to continue to put before everybody next year.

My main thrust for next year is spending more time with each individual library. A lot of our hospital libraries do not have full-time medical librarians. They're small and their library services haven't been developed to that point. And so, until they do, I certainly hope to get into the libraries and help the medical records people, most of whom are now in charge of the library as well. With this dual burden, these people need help and support. I see my role during our second year as providing technical and moral support to them.

And so, that's were we are. We submitted our grant on October 26, 1981, and we are hoping to be funded for a second year. I'm going back east on a personal visit (my family is back there), and I've arranged an appointment with the program officer of our grant and to have a tour of the NLM. Since it will be just a day or so before we are supposed to hear the decision, I'm hoping for good news while I'm there.* So that's what we've done and where we are.

Now Bob and the next stage of consortium development.

BOB MEYER: My assigned topic today is "Cooperative Acquisitions." This is the kind of talk I like to give, but rarely get a change to, where I'm supposed to ask questions and I don't have to answer them. Before doing that however, I would like to introduce several people who are here from the Central Coast Health Sciences Library Consortium. First and foremost is Clara Keller, the Natividad Medical Center Librarian who serves as the Resource Librarian for the Consortium. That means she handles all the technical questions, interlibrary loan transactions, getting out our union list of serials, and anything that involves brains and a knowledge of medical literature. Anyone who wants to know the inner workings of a consortium, Clara can tell them. Also present are D. J. Zitko, the Medical Librarian of Salinas Valley Memorial Hospital, and Berniece Castro, who is the Medical Records Director and Medical Librarian at the George L. Mee Memorial Hospital in King City. In addition, Camilla Brown Reid, a former consortium coordinator from the southeast part of the country, an officer in the Medical Library Association and a hospital/medical library consultant, has been working with us while her husband pursues his dental residency at Fort Ord.

Although my role is to describe what is typical of a second-year consortium, I want to back-track a little to the first year, and put in a word of thanks for all those people who helped us get started and who continue to help us keep going. The AHEC people were instrumental from the beginning. The Biomedical Library Coordinator at that time was Lynette Jordan, and she and Clara Keller worked on getting the consortium started before I appeared on the scene. They did all the necessary groundwork of ringing doorbells and calling on people and convincing them of the need for consortium activity. Taking Lynette's place is Connie Fly, who has been totally accessible and available, and a fountain of information about things to do and how to solve problems. Working with her at the Statewide level is Marilyn Jensen, who is also available with advice and wise guidance, and who can often supply you with useful articles on most problems you will encounter. I encourage all of you to make use of these kind and knowledgeable people, because they are so extremely helpful in so many ways. And then there is PSRMLS,

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*Editor's Note: In December, 1981 the Coastal Health Library Information Consortium was funded by the National Library of Medicine for its second year.

Bob Bellanti and his group at UCLA, without whom none of this would be possible. Never have so few done so much for so many as that group at the Regional Medical Library, and we all owe them a lot of gratitude.

Help is also available through another more informal mechanism, the old hand-me-down custom in large families, in which clothing gets passed along from generation to generation. Each consortium as it comes into being benefits from all its predecessors. When we started up, Betty Maddalena came over from Merced, gave a talk to our group, and provided us with personal assistance as well as all the materials she used to write her own successful grant applications. They were very helpful. In turn, when Lynne Levine came along with her consortium, I was asked to provide whatever help I could, and I was glad to do so, remembering what Betty had told me about each generation helping the next one. And now we have Randa Gregory in Redding, who is benefitting from Lynne's experience and from ours. Those of you who are starting new consortia can benefit in that way. It helps a lot to get copies of material that other people have written or submitted, even though they may not be totally applicable to your situation. It saves you a lot of time and trouble, not having to re-invent the wheel.

Before getting into my assigned second-year consortium topic of cooperative acquisitions, I'd like to mention three other problems that we have encountered so that you might be aware of potential pitfalls that may lie ahead. Lynne talked about maintaining enthusiasm, and that is a hard but vital job, particularly when, as Betty said, you have diversity of membership. You have to conduct meetings and present programs that are of interest to the experienced librarians and college and/or public librarians, as well as to the beginning part-time hospital librarian who has no library background and who may have another hospital job such as medical records, which has a higher priority in her mind.

We've also experienced an unusual and unanticipated motivational problem this year. When we were preparing the second-year grant application, everyone was eagerly asking when the grant monies would be available for collection development. (Of our 14 members, 11 applied for and received a $4,000 grant to accompany their $1,000 of matching funds.) The excitement continued until the moment when it was learned that we had received our second-year funding. I sent the librarians all the forms they need to apply for reimbursement, the new edition of the Brandon list as a buying guide, a list of journals that Clara had compiled from the Brandon list of those we don't have, and suddenly everything ground to a halt. It was a post-grant letdown, in that everybody had been so keyed up to work so hard to prepare the material to apply for the grant before the deadline, and when it came, everybody simply relaxed. We have now re-started our engines, however, and will be airborne again.

Another problem that we've encountered from the beginning, one that most every cooperative endeavor encounters, is that within our area we have three good hospital libraries that are larger than any in our consortium, but which have elected from the beginning to stay out of the consortium. They all are staffed by experienced librarians who do furnish us some cooperation informally, but who are under some restrictions not to participate formally, or even to attend our meetings. We send them every issue of our newsletter, every notice of a forthcoming meeting, personal notes asking them to participate, and copies of our union lists. This is the old problem of the haves and the have-nots. The haves are worried that if they join the consortium it will be a constant drain on their resources, and they believe they will get very little in return. Those of us with experience with cooperatives know that isn't a well-founded position. It's a natural fear, but in practice, when those large libraries do join consortia they stay in, the consortia stay alive, and those people are glad they're in. Often they find out that they have borrowed as much as they have lent. In addition, there are all the fringe benefits of consortium membership, such as sharing expertise, producing cooperative lists, achieving economies and better collections through cooperative acquisitions, and doing many other things cooperatively. So we continue to hope they will join in.

Now to the assigned topic, which is "Cooperative Acquisitions." In thinking about this I realized that it's something like God, in that everybody feels they need it, but they don't quite know what it is.

The Joint Commission on Accreditation of Hospitals in 1979 issued a revised standard which all hospitals are supposed to observe, and which contains the following sentence: "Geographically contiguous libraries that share their resources through interlibrary loans should coordinate their selection and retention of library materials." In taking note of this revised standard, Brandon wrote: "Up to this point, JCAH had given a rather generalized interpretation of its principle and standard for the hospital library. Now, that interpretation has become considerably more specific while still being based upon the needs of the institution, but additionally, upon the needs of its cooperative resource-sharing arrangements with other libraries and informational systems." Brandon added: "By these standards, JCAH is, in reality, stating that the hospital library is part of a larger informational network and no longer merely an entity unto itself." And finally, Brandon suggests: "Since this list can be used as a consortium core list, high-priced publications could be obtained on a cooperative resource-sharing basis." So we see that cooperative acquisitions is not something we can regard as a frill or as optional--it's really part of our duty and obligation in running a hospital library and belonging to a consortium.

In looking over some literature on this subject (some supplied by Marilyn Jensen) to prepare for today's conference, I was able to compile a list of eight objectives or expected benefits that relate to cooperative acquisitions programs:

(1) To save money.
(2) To save space.
(3) To enlarge the information resources available to all.
(4) To acquire items that would otherwise not be justifiable for purchase by any one of the consortium members, due to cost, infrequent use etc.
(5) To avoid unnecessary duplication.
(6) To create more authoritative collections on specific subjects, through assigned responsibilities for coverage of topics.
(7) To have confidence that worthwhile items are being properly evaluated and acquired, also through assigned responsibilities among the members.
(8) To provide support for the small hospital library and its librarian.

Now what are the requirements and responsibilities for our libraries to bring about cooperative acquisitions? I've compiled a list of seven basic one:

(1) A needs assessment study, not only for each individual institution but also for the consortium as a whole. Those of you who have written grant applications know that these are required. We have to know what the user group in our hospital really needs before we can do any kind of meaningful planning to serve them properly. And a consortium should really be more than just a sum of its parts; it is an institution itself, and it too has needs.
(2) An awareness of each other's fields of interest. This involves sharing those needs assessment studies, producing and distributing membership directories, etc.
(3) An awareness of each other's collections. In addition to discussing interests and collections at meetings, you can publish union lists, written descriptions, visit each other's libraries, etc.
(4) Accessiblity of material to one another. It wouldn't help much if an institution had an authoritative collection but put obstacles in the way to using it. One of the central incentives for consortium members should be that the members will relax their restrictions and give preferential services tc other members that they might not give to "outsiders."
(5) An awareness of currently produced publications,

in order to be able to discuss potential purchases cooperatively before they are ordered.

(6) Approval of the administration. This topic wasn't covered much in the literature. To what extent should the administrator play a part in cooperative acquisitions agreements, responsibilities, etc.? Inasmuch as financial considerations and institutional commitments are involved, my feeling is that he should be involved, and my hope would be that the objectives and benefits listed above would be sufficient to gain his approval.

(7) Agreements. Some basic questions will need to be settled in this regard. Should the agreements be formal, informal, or both? How will the cooperative acquisitions program adjust to changes in consortium membership? What should be done regarding enforcement against those who don't cooperate, people who say they will be responsible for this subject or that journal, and then don't follow through? What about the imbalance of services that might occur--does there have to be some kind of reimbursement plan, perhaps an exchange of services or finances to correct imbalances, so that libraries giving more than they receive will continue as members of the consortium? Two interesting articles illustrating cooperative acquisitions agreements are cited at the end of this paper.

Finally we come to the question of methodology and techniques--just how are we going to bring about a program of cooperative acquisitions in real life? Here's a list of six potential methods and some questions that have to be tackled:

(1) Examine existing holdings. Compile union lists and collection descriptions so everyone can know what everyone else has, and what the consortium as a whole has. Then discuss what might be discontinued, added, or even transferred to another member if appropriate, and finally who will take on which subject areas, journals, etc., as their responsibility to maintain for the consortium as a whole. Related to cooperative acquisitions is cooperative weeding, which can be a real space saver. Another cooperative acquisitions/weeding device is the duplicate exchange list, which enables members to share surplus materials with one another.

(2) Review new titles. They can be discussed at regular meetings for their suitability for cooperative action. Interlibrary loan records for the past year should be reviewed to see

which journals everyone has been borrowing from outside the consortium, and therefore which ones should be acquired on subscription, and which member should do so. You may wish to have assigned responsibilities for various subject fields; Harriet Carter's 1977 article in the MLA Bulletin is an example of that approach, wherein members agree to collect in-depth in certain subjects to the best of their financial ability, and to make the material available to the other members. You may wish to assign certain journals to particular members to collect, replace missing issues, and provide photocopies to other members; Charles Gallimore's 1980 article in the MLA Bulletin is an example of that approach.

(3) Consider the different media separately. Are different methodologies required for cooperative acquisitions in current serials, back runs, books or audiovisual materials? In what priority sequence will you take up each type?

(4) Discuss expensive items. It's often said that you can share the cost of acquiring costly publications, but how do you actually accomplish that sharing? Who actually owns an item purchased by more than one member?

(5) Consider levels of responsibilities vs. ability to share. Can each member really contribute equally, if they are of different degrees of size, financial support, institutional makeup, library resources, etc.? To what extent can the small hospital library that is trying just to get off the ground and build a basic core collection, participate in cooperative acquisitions responsibilites that involve subject specializations?

(6) Develop evaluation tools to measure the effects of your cooperative acquisitions program. We must be able to identify what its costs and benefits have been, so that we and our administrators can intelligently evaluate the program beyond the platitude stage. We all may believe passionately in the principle, but it's also incumbent upon us to be able to demonstrate that the principle, having been implemented, resulted in identifiable benefits.

A final quote of an old cliche: "Nobody said it would be easy, but few things that are worth achieving ever are." Thank you very much.

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BETTY MADDALENA: The Merced County Consortium is an example of a "post-grant" consortium. Since I spoke about the development of our consortium this morning I will only briefly describe our history. Basically we received at that time less money than many of your grants, and we have fewer members. There are six institutions in our consortium.

I think the first year was the hardest. The growing pains we encountered were of the type encountered in the process of forming individuals into a group. There was a period of trying to get diverse people together. They were really "people" problems as much as anything else. It was not just a matter of institutions that didn't want to cooperate, like Bob was talking about, but there were times when it seemed that we were all too set in our own ways and too busy with our own problems to be able to deal with additional problems and responsibilities. There was a feeling of: "Do I really want to do this?" But continued meetings and contacts began to make the indivuduals think in terms of the group and we began to operate in that way. I remember a turning point for us was a luncheon that we had at our hospital. Up until that point I had this terrible feeling that we were not going to make it, that it was not going to work. We all sat down to a fantastic luncheon and it was like all the feelings started to come together and we became a group. So one thing you might do is feed people! I've decided that this may be a number one priority. We had obviously worked through our difficult times and things started to gel. As a result of that I really feel confident that the individuals in my consortium are committed to the concept of cooperation and that they are each looking for additional ways to cooperate and make it work. This individual commitment is the best assurance that I have that the consortium will continue. We have our meetings and the input is there. At the last meeting the librarian from Merced College told the group that they were looking at computers and mentioned ways that this could be useful to the consortium. There is no way I could have learned about that except that Pat was committed and she brought the idea to us. And that happens all the time, with contributions from all of the members of the group.

I think the one really big growing pain, at least one that we are faced with, is that of the turnover in small hospital libraries and the continuing need to train new library managers. That started early for us because we had just submitted our grant proposal when one of the hospital library managers left, and a new person came in. Since that time two other librarians in the group have left. As a result of the high turnover in the hospital libraries, there is a need for continued training. Perhaps we should develop alternate ways of providing this training. One suggestion that has come up in our consortium is to go to the community college and see if they can set up a training program. It would not have to be a long-term program, because these people are not going to be involved in that, but the kind of training that would teach basic interlibrary loan for instance. Then we would not have to wait until PSRMLS comes to our area with a training session, because that takes too long, and new personnel are just not functioning in the meantime. Another suggestion is that PSRMLS or the National Library of Medicine put their workshops into an audiovisual or programmed learning format.

The method which we have used is to go to the library and train the new person in some of the fundamentals. That is effective; it works. There is a real advantage to this method in that new people are very appreciative and become active supporters of the consortium as a result. So maybe that is the way to do it. I don't know. It is difficult to do, however, when you are not funded for that and you don't really have the time to provide the training it requires to teach a person who is unfamiliar with libraries. Also, since there is not a planned teaching program, some important things may not be covered.

So the problem of training is one which I would like to see us talk a little more about this afternoon. How can we provide training at the level that it is needed, when it is needed?

LYNNE LEVINE: After lunch we will, as the program indicates, have individual group discussions. The groups will be divided according to the color code on your identification tag. Each of the three groups will address themselves to the questions that we have brought up here: Bob's question about the problems of collective acquisitions, my questions about how to raise library consciousness of the staff, and institutional members, and Betty's questions about continuing education and cooperative workshops for library personnel. I think they are questions and problems that all of us are facing or will face and so an interchange of ideas will be helpful. Then one person in each group will be a reporter and will give a quick summary of what the group has come up with. Perhaps we won't come up with all the answers but maybe we'll come up with some aids and suggestions that we can take home with us. So enjoy your lunch and afterwards the leader in your group will start off the discussion.

REPORTS OF DISCUSSION GROUPS

A. TRAINING AND CONTINUING EDUCATION

REPORTER: One of the main problems that we discussed was how do we educate medical records librarians to work in hospital libraries? The turnover is high. Medical records administrators often wear five hats and being a librarian is about the last thing they give any time to, and that's legitimate. Hospital administrators don't necessarily value the medical library. So what is the role of the consortium, and what is the role of the so-called "professional" medical librarians in training? We came up with a few ideas.

One of the first ideas was just to go out and communicate some enthusiasm, to go out and introduce yourself. Welcome them to your community, welcome them to your consortium, and to your meetings. Explain the role of the library as you see it in a clinical setting. Do some hand holding. Definitely take along some of the excellent manuals that come out of the PSRMLS--the little red, yellow and blue manuals. There is information on how to fill out interlibrary loans, how to catalog books, how to provide reference services, etc., some very basic kinds of information about procedures we all have to do. But don't simply hand them the manual, take some time and sit down with them and go through it so that they have some idea of what is in there. No one reads the manual after you leave!

Another idea was a mini-internship program (such as AHEC initiated) where they not only visit your library but spend a few days observing. This would bring them into your library. You can sit them down and show them how you fill out interlibrary loans or whatever. Sometimes by bringing them in, you may get some help. That was one of the suggestions. If they catalog a book for you, you may get some free help, and at the same time they have learned how to do it. And that's not a bad internship type of program to have.

We decided that while the workshops that are given by PSRMLS and others are extremely helpful, they don't necessarily come at the right time, when there are new personnel, and it's probably best not to wait for them. There's also a cost problem which makes it prohibitive for many of the smaller institutions to send their library personnel.

Another idea was to compile procedures manuals for our own in-house use, and then share them with new people as samples of how we do our work. They might put together their own manual based on our example.

Another suggestion was not to put all the burden of the library on the medical records administrator, which is the way it traditionally is, but to encourage the people that are currently in that position to train some of their support staff. Then if they leave there is not a huge gap because there is someone inside their department who can carry on. In other words a vacuum is not created by the loss of one person.

We were also concerned with our own continuing education. How do we keep up? And again we decided that while the meetings given by the Medical Library Groups and meetings such as this one are very good, they are expensive and we have to keep them to a minimum. So what do we do? One way is to put together a consortium and get to know each other--not just personally but in terms of collections (strengths and weaknesses). Who has what on-line service, and so forth. Then make lists of contact people. You might actually publish a directory where you list who has ILL fees, what are the fee schedules, what are the hours, the names of contact people, strengths and weaknesses of collections. Knowledge of strengths and weaknesses in collections seemed to be the biggest concern, so that we can better direct our questions to the proper library.

Another way that we can keep up without having to incur much expense is to utilize the free newsletters that come out of PSRMLS, the National Library of Medicine, Lister Hill, etc. There are quite a few like this that make us feel like we are not alone. Sometimes we feel, especially in a little hospital, that we must be the only ones in the world with this problem, and reading those newsletters does help.

We also have to get to know the resources of the community. One resource I think we often overlook, is the public library. Public libraries have been at this cooperative business for quite awhile, and we have to learn what they have available and how we can utilize their resources.

Another community resource would be the courses that are given in community colleges. There are often courses in computers and how you use them, and sometimes in medical terminology. There are various courses that would be helpful to us.

We were also wondering what kinds of things we could do as a consortium that might help us to grow, and to better utilize the services among us. We felt one of the most important things we could do, of course, is produce a union list of serials. Another is to begin to explore ways to get into a union list of books. That is a very real problem. But we had some good examples coming out of some isolated areas like Hawaii where a number of libraries, not just medical, cooperated and shared resources. The library with the longest hours was their repository.

One of our problems, I know, is that we do not have enough time to do the things we want to do, and education, although important, is a problem. That is where we left it. It's a real problem.

B. COOPERATIVE ACQUISITIONS

REPORTER: Our topic was cooperative acquisitions--how to make a consortium's cooperative acquisitions program work. I was glad to be a part of that group since that is going to be something our consortium will be involved in, hopefully, if our grant is funded.

We started out discussing some of the problems that might exist. One of the first things we talked about was that many small hospitals would all be working towards developing the same kind of core collections. This could be a problem, because they all need the same kinds of things. One good suggestion was that a consortium could link into the nearest public library network or other kinds of libraries working together in order to have access to some of those things that small general hospitals wouldn't necessarily have.

We talked about how to parcel out subject areas among members. It was felt that a particular library would probably tend to volunteer to collect those things that were pertinent to them, to their services and training programs. This would be true of books and journal subscriptions. Each institution could get into an area of specialization so that others could drop some of their subscriptions. One library would agree to retain back issues of a journal, and that would allow other libraries to save space and money.

Then we asked if we were a consortium ready to start cooperative acquisitions, how would we begin. We talked about having a meeting just to determine the needs of each library, to discover what kinds of specialization each one would agree to accept, and to determine what they would agree to do. One good idea, it seemed to me, was to have people give some thought to this beforehand (perhaps a questionnaire could be sent out). Not only should the librarian give thought to it, but he or she should talk with the hospital staff, and library users to see what their needs are. You could then incorporate that into what you would agree to purchase. In other words, develop a "shopping list" for your library. Then you would be able to discuss at that meeting who is going to purchase what, and make your tradeoffs if that needs to be. Also you could look at your union list of journals. (That seems to be one of the first activities of a consortium). It would be useful to put the journal list into some kind of subject arrangement that might show you already who has a trend in one direction.

Another suggestion was to do an inventory using the Brandon list. Who owns what on the Brandon list? And when expensive items are needed within the consortium, you could make some decisions. Not necessarily appoint someone to buy certain things, but perhaps everyone in the consortium agree to donate so much to buy it. Then house it wherever it will have the most use or the most accessibility. There might be a problem, of course, in deciding where expensive items are to be housed, and how they are to be purchased, and who is to retain ownership. These are some questions that would need to be thought about and discussed.

There was also a discussion as to whether a small hospital library, with just a core collection, should be asked to lend books, in addition to providing photocopies of journal articles. It was agreed that usually articles are requested rather than books, and often only a chapter is needed, which can be easily photocopied. That way a needed book would not have to leave the smaller hospital library.

There was some discussion about the Kaiser hospitals and their methods of cooperative acquisitions. It was suggested they might be used as a model and we should find out if they have a written policy that might give some idea about how it works for them.

Then, of course, having got that far, we decided that this whole process was an on-going operation. There should be regular meetings where discussions continue. Perhaps something that a library bought one year was not that useful, and perhaps another library would like to pick it up the next year. There would also be discussions about new items, new editions as they come out and decisions as to who is going to buy them. Another idea was to exchange acquisitions lists among libraries, or maybe even order lists so that other members are notified when orders are placed, in order to avoid unnecessary duplication in purchasing.

Then we talked about formal, versus informal, ways of working at this cooperation. Most of us agreed that informality (except for the formal agreements that are necessary when you are under the restrictions of a grant) seems to work best for most of us. We are small groups and it seems to keep things flowing.

We talked about delivery systems, and even as we sat there we discovered that there is a courier system running between some of the hospitals and laboratories in this region. There is a real possibility we can avoid delays by utilizing it rather than the mail. There may be other ways that we could possibly get things to each other.

Then we talked about the evaluation process, the need for it, and ways of evaluating a cooperative acquisitions program. One of the main things that we discussed was to keep a log of the decisions made about who is going to buy what. That can be used to show that your library has saved money by not having to purchase certain expensive items or saved space by not have to store them. It would be a good idea to have something concrete, like this log, to show administrators to prove the value of the consortium and the meetings attended.

C. RAISING CONSCIOUSNESS ABOUT THE LIBRARY

REPORTER: We were supposed to talk about ways to publicize and develop library services. The first question is how to create the demand, and then how to satisfy it once it's been established. Most of the time in our discussion we were thinking in terms of the hospital library.

We started out considering what the librarian should be doing in terms of publicizing her library and its services, and then we got into a larger picture of regional considerations. As far as what the librarian should be doing, it was suggested that you have to worm your way in. You have to make your services indispensable; establish yourself as a professional. The various ways this might be done are through both formal and informal channels. Be highly visible; don't hide away in your library. Be out and around the institution where people can see you and be aware of you. Write articles for publication in your hospital newsletter. That's an ideal place for this type of communication. Write about either the services of the library, or if you can develop it into a regular feature article, provide some health information. Have it something that's signed by the librarian, it makes people aware of your being there and the information you can provide.

Also, I believe this came up earlier this morning but it came up again, if the librarian can be a member of management and attend the regular hospital meetings that is also a good way to publicize services. At a clinical level, the librarian might regularly attend rounds. That way you learn what's going on, what's being planned, and what the problems are in the hospital. You can then contribute the library's services to at least providing information, if not solutions. Getting back to my first point, of "worming your way in", one way to convince a reluctant administrator is to find the people in the institution who are most likely to benefit from your services and start with them. In other words, develop a core of satisfied users and use this core to help and support you. They can be your pressure group to convince the administration and other less-convinced individuals that the library is a needed part of the institution.

We also discussed ways of developing library services and got into a little broader picture. We talked about using consultants and circuit riders to reach the small hospitals in isolated areas to help develop the services in those areas. And we at least brought up again one of the problems that we talked earlier about, and that is followup. You have the workshops and the people who are assigned to hospital libraries come to the workshops and then they go back and if there isn't any followup they are not likely to institute this on their own unless they have a great deal of initiative. We didn't solve this problem, we simply brought it up. How do you maintain the momentum? How do you keep people going once you've given them the basic information and tried to reinforce it?

Another way to develop library services is to develop cooperation with all types of libraries. You don't realize until you get into it how you can expand the services in your institution simply by cooperating with other kinds of libraries, for instance public libraries. Of course you must also know when you have to turn back and depend on your own special services. And when you're promoting your services, you have to be ready to offer more than you're asking. In other words, people have to be convinced that what you can provide is greater than what they will have to provide in terms of financial resources or whatever it is that you're asking them for.

Lynne Levine provided our conclusion; "You have to have a thick skin and be persistent!"

AGENDA FOR FUTURE CONSORTIA COOPERATION

MARJORY JOHNSON: Camilla received her Master's in 1976 from the University of North Carolina, at Chapel Hill. Her graduate school concentration was in medical librarianship. Her experience includes 4 1/2 years as patients' and staff librarian for a regional psychiatric hospital, as well as extensive work with two health science library consortia as a part of her duties there. She's been Chairman of the State of Georgia's Department of Human Resources Librarian's Group, and of the Health Sciences Libraries of Central Georgia. As Chairman of the latter, she was instrumental in developing interconsortia cooperation with another library consortium in the Atlantic area.

Since moving to California in June of this year, she's been working as a consultant to the Central Coast Health Sciences Library Consortium and as a part-time reference librarian at Hartnell College in Salinas. She is actively involved in committee work within the Medical Library Association and its Hospital Library Section. She has two published papers and is working on two others. She is looking forward to working with the medical library community in this part of California. Camilla will be speaking to us on "Agenda for Future Consortium's Cooperation."

CAMILLA BROWN REID: In the introduction you were told something about my background but I'd like to tell you a little more in detail about my involvement in consortia development and interconsortium cooperation.

My first exposure to any type of library cooperative was at the University of North Carolina at Chapel Hill, where I worked as the assistant to the AHEC liaison librarian. The liaison librarian worked with six AHECs throughout North Carolina and the librarians from each AHEC met two or three times a year. It was a very loosely knit group, a lot less structured, I think, than the AHEC program in California. They relied primarily on the University for interlibrary loan. The University carried the load primarily for them.

I studied the theoretical basis of consortia development in my graduate courses in library school at UNC, but it wasn't until I accepted the position as medical librarian in a regional psychiatric facility that I really dug my teeth into consortia development. I helped organize and was the Chairman of the State of Georgia Department of Human Resources Librarians' Group which was a consortium of state mental health and mental retardation libraries. The group met quarterly, had a union list of serials, lobbied for changes in the State of Georgia's classification of library personnel, and elected officers annually. It was an informal, decentralized group with no permanent leadership at the state level.

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The second consortium with which I was involved was the Health Sciences Libraries of Central Georgia. I will just call them the Central Georgia Group from now on. I worked as chairman of that consortium for 1979 and 1980 and during that time had the opportunity to initiate a program of interconsortium cooperation with an Atlanta-based consortium. In a few minutes I'll tell you something about that program and the two consortia involved. But first, I want to review the primary reasons consortia began to develop in this country. Since the 60's the National Library of Medicine had enticed health sciences librarians to partake of her largesse. Library users came to appreciate and acquire a taste for free documents and weren't satisfied with their own libraries meager holdings. Why should they be? They could get just about anything they wanted. They had access to the finest medical library in the nation, probably the world. But soon the idyll was shattered when inflation and budget cutbacks reared their ugly heads. As reality dawned, the implications became clear. Budgetary restrictions at all levels would restrict the usage of NLM resources, and the supply of documents began to trikle down mostly because of the costs passed on through the Regional Medical Library Programs. We began to wonder how we were going to manage, especially those of us in small hospitals or in new, struggling libraries. Would we be able to maintain or even begin an acceptable level of service? And worse yet, the library users were accustomed to getting service free of charge. As we know this situation generated similar questions from librarians all over the country, and as communication on this problem increased consortia began to spring up. We had to do it, so we did. Fortunately, the National Library of Medicine also liked the idea and began encouraging consortium development through its grant programs. And I think a lot of you here have received, or hope to receive soon, an NLM grant. But now even the consortium seed money from NLM may start to dry up with the new federal administration. So what is the answer to maintaining our levels of service? Interconsortium cooperation!! All our little groups have to do is get together and I think you've made a really good start here today.

As I told you, I was involved in the development of a program of interconsortium cooperation in Georgia. The consortium with which I was most actively involved was the one in Central Georgia. It was organized in 1975 by a small group of academic and hospital librarians. Their purpose was to develop a self-sufficient library network. How's that for a purpose, a self-sufficient library network! This was in order to provide interlibrary loans, duplicate exchanges, continuing education, and all those things that all librarians try to do. Each library entered into a reciprocal arrangement that would provide for participation in all the consortium activities on a quid pro quo basis, which basically means you scratch my back and I'll scratch yours. And that's the way we operated. Even though we had written documents, the group was very informal and worked very well together. The consortium soon grew to 17 members in 11 counties in the Central Georgia area and included members from junior, private, and state colleges, a rehabilitation institute, and a small medical school library that hadn't even opened yet. The other members were in city, county, state, and federal hospitals and mental health facilities.

By 1979 the consortium had atained most of its purpose of becoming a self-sufficient library network. It had a very active interlibrary loan program aided by a computer-produced union list of journals; it had a well-used exchange of surplus journals and books; it participated in the NLM grant program. HSLCG received the second grant award in the nation under the consortium grant program. The resource improvement grant was funded in 1976 and then it was extended to include new members in 1978 and 1980. The consortium also sponsored two Regional Medical Library Program workshops. Those two workshops were attended by librarians from all over the Southeast, not just people in our group or our area. The Central Georgia Consortium also extended a helping hand to its younger members by sponsoring a circuit-rider librarian program. We also got volunteers from the more experienced librarians in the Group to act as consultants, to provide guidance and suggestions as the new libraries were being developed. The cooperative acquisitions program for journals has been used for four years. It's updated on a yearly basis and members report titles that they propose for addition and deletion and when feasible one library adds a title deleted from another. It worked quite well.

The one area, though it was functioning really well, that seemed to require the most outside expenditure of money was in the area of interlibrary loan. I don't know what the costs are in this region through the regional program but in the Southeast it had gone up to $4.75 and was scheduled to go up more. The Regional Medical Library was continually raising its cost and other libraries in the University system that we did business with were doing the same. It became apparent that the consortium's union list could never supply all the titles needed by the consortium members. We were never going to be able to build up our acquisitions enough. We began to seek other sources of loans--cheap, or free sources of loans. Most of us had frequent contact and close friends within the membership of the Atlanta Group because we met together frequently at state library association meetings. (A lot of you today have probably met people that you didn't know before so this is a good step towards getting to know people all over California.) This consortium in the Atlanta area was the Atlanta Health Sciences Library Consortium; I'll call them the Atlanta Group.

In the summer of 1979 I approached the Chairman of the Atlanta Group with the idea of initiating some sort of interconsortium cooperation in the area of interlibrary loan. I had already presented the idea to the Central Georgia librarians and they were really enthusiastic. The only reservation on either side was that the largest collections were afraid that they would be too heavily used. In initiating any kind of cooperation you'll find that concern over being overly used or being taken advantage of is a primary hindrance. And that's unfortunate. It's understandable, because not many libraries can afford to simply open their resources to all comers without some sort of renumeration. However, in our case all the librarians agreed to give it a try on a three-month trial basis. So whatever your area of cooperation, even if you don't have the consensus of the whole group, but the majority is interested, you might get everybody to agree to a trial program. Before going into detail about our agreement, I'd like to tell you just a the Atlanta consortium.

The Atlanta Group dates back to 1974 so it is older than our Central Georgia Group. It was sponsored and encouraged by the medical library staff at Emory University and the Regional Medical Library Program, which is at Emory. As with the Consortium in Central Georgia, it's structure is decentralized with officers elected annually. It's growth and development was much more informal and was not aided at all by National Library of Medicine grant funding. They were the first medical library consortium in the state and they set the example for the rest of us. By far their greatest activity was interlibrary loan. They loaned more than 3,000 items among themselves each year. Another major activity for them has been the production of three editions of their union list of periodicals. Their 17 members meet monthly and their contact with other librarians is one of the most valuable and rewarding aspects of consortium membership. This camaradery is something you can't put a price tag on. That's the way it is with all consortia. The group is very big on research. They're always compiling statistics and publishing reports. They've analyzed which journals are borrowed most heavily and conducted surveys on employment conditions, salaries, benefits, budget control, and other factors including physical space, seating, and budgets. These statistics have been really helpful for the other library groups in the state. They also had a surplus exchange program; they had limited reference assistance and informal consultation; and sponsored a meeting of the state library association. One thing that they did that's really unique was produce an exhibit that was displayed at some of the national and regional allied health meetings that are held all the time in Atlanta. The exhibit raised the consciousness of the health care community not only to their group but to libraries and library consortia in general.

As I've told you, both the consortia are involved in the intercooperative effort and both are quite diverse. It is very important to get a mixture of libraries. But the major difference is that one is in an urban area (Atlanta), and the other in a rural area. The urban group has a high caliber of professionally trained librarians. The rural group is predominated by paraprofessional librarians, or staff with very little experience. This diversity helped make a successful cooperative effort because we could really help each other out. Also, the diversity in the type of collection helped make the cooperation worthwhile for both groups. In any case, the Central Georgia Group approached the Atlanta Group about the possibility of sharing through interlibrary loan. We decided that we'd start with this particular area since it was of primary concern and of importance to both groups. A strong mutual interest is the most important consideration in interconsortium cooperation. So the Atlanta chairman and I both appointed one person from our group to serve as an interconsortium cooperation representative. These two librarians were responsible for making a comparison of the two union lists and then drawing up a plan of how we were going to cooperate. I also made a personal visit to Atlanta to one of the Group's meetings to promote the concept of interconsortium cooperation and, hopefully, promote enthusiasm for the ILL project. An analysis of the two union lists showed that they complemented each other quite well. Approximately 45% of the Central Georgia titles weren't in the Atlanta list. However, half of this 45% was held by the small medical school within the Central Georgia group. On the other hand, approximately 35% of Atlanta's titles were not in the Central Georgia list. So that was an overlap of only about 20%!

An interconsortium agreement was drafted and each member of both consortia was to participate initially, on just a three-month trial basis. However, if a library felt that demands on its resources were too great it could withdraw, provided that its own borrowing privileges were suspended and they give notice to the other libraries. After the trial period, an evaluation was to be made and each consortium was to determine at that time if it wished to continue. All transactions were to be governed by the National Interlibrary Loan Code and the Copyright Law requirements. Interconsortial requests could be made only after all other free local sources had been exhausted. ALA approved forms or OCLC had to be used. In selecting a lending library, the smaller collections were to be given first consideration. Borrowing libraries would make an effort to distribute their requests as fairly and evenly as possible, from those to whom they lent least. Because of severe budgetary limitations, two state-run libraries were only to be sent requests that were unique to their collection. Telephone requests were restricted to loans for which there was urgent need and the lending library was not responsible for verifying citations. There were to be no referrals unless the request was marked urgent. Each library was expected to absorb the cost of lending materials and for photocopy. Also, if it should become necessary to charge, the borrowing library had to be notified in advance. A monthly and quarterly statistical analysis was done and these were used at the end of the three-month trial period to help make decisions about continuing the program. Each consortia provided one copy of its union list of serials to the other consortium and had the responsibility of providing access to that list to the rest of the members. A few libraries decided to duplicate the whole list; some just did selective duplication. A few libraries in the same geographic area simply called another library to check on a certain listing. The trial period began on March 1, 1980, and during that time 117 loans were processed and each consortium received approximately the same number of documents. We were really surprised to see that it was almost an even cut. At the end of the trial period, one library deemed it necessary to charge 10¢ a copy. It was unanimous that the cooperation would be continued for an additional three-month period. We still weren't quite ready to go into it full-fledged. After another three months, another evaluation was made and during that time one additional library began to charge for loans, but it was at a rate far below the Regional Medical Library rate.

The agreement is still in operation today. The only other major change in the program is that the medical school library, which has accepted its first class this fall, has had to begin charging libraries outside of the Central Georgia Consortium because they are now designated as a resource library within the Regional Medical Library Program. They either have to charge nothing or charge the set fee, so they decided to charge the fee. This has been somewhat of a burden on the Atlanta Group, but not enough for them to withdraw from the agreement. Enthusiasm for interconsortium cooperation is still high, in spite of the fact that three libraries found it necessary to charge. Everybody recognizes the likelihood of some libraries having to charge and they've just adjusted to it. Some libraries that were fearful of being swamped haven't been. Even those who haven't actually participated in the program seem to feel that they've benefited from the expanded contacts that they've had with other librarians, and just the enlarged spirit of cooperation.

The example that these two consortia set has really been an impetus to the possibility of a statewide network in Georgia. In Georgia an Interlibrary Cooperation Round Table of the Georgia Library Association was formed by 66 interested librarians in April of 1980. It was made up of academic, public, medical and special librarians who were interested in the sharing of library resources within the state as a whole. This is just another indication of the spirit of cooperation. The Regional Medical Library Program, as always, continues to encourage development of consortia and interconsortia cooperation. They distribute minutes of consortia minutes to all other consortia and interested groups within the entire Southeast region so people will know what's going on in other states. They've compiled a directory of consortia and sponsored a meeting of consortia representatives at the Joint Meeting of the Southern Regional Group and the South Central Regional Group of the Medical Library Association in New Orleans last fall. They advocate a system by which established consortia assist in the formation of new consortia which is a type of interconsortium cooperation.

I'm really pleased and excited about all the cooperation that I've heard about in California. From what the speakers have said today and from what I've heard and read since coming to California this past summer, there are many health science library consortia now functioning in the State of California.

And, I also understand that most are either supported or encouraged through the AHEC, the Regional Medical Library Program, MLA chapters and other state library associations. They seem to vary greatly in size and contain members from just about all realms of the library world.

So how can cooperation among these diverse groups be fostered? I think we've really hit upon most of the ideas today. And some of the ideas I'm going to give you are evidently already underway or on the drawing board in California; so, forgive me if I'm simply reinforcing old ideas.

I have mentioned the Interlibrary Cooperation Roundtable of the Georgia Library Association. A group like this represents all types of libraries, not just those with substantial health science holdings. This type of cooperative activity could be guided through the largest library associations or the State of California "library powers-that-be."

Another possibility is a state council of health science consortia chairmen. The council might be organized to promote resource sharing among the groups. This would be the first step in formation of a health information network including all types of health-related libraries. This could be initiated by one of the large umbrella networks such as the Regional Medical Library Program or the AHEC network, or both.

However, probably the most feasible and practical way to begin interconsortium cooperation is at the grassroots level with two, or maybe three, consortia getting together to cooperate in one or two areas of mutual interest such as interlibrary loan or continuing education.

Each consortium could designate its chairman, president, or coordinator or another member as interconsortium cooperative representative or have an interconsortium cooperation committee. Then these representatives could confer periodically on plans for cooperation.

Agreements should probably be written and terms clearly delineated to assure success especially if it is an interlibrary loan program. Cooperation could be on a trial basis if either party had any reservations.

A meeting like the one we have attended here today provides an excellent forum for discussion of interconsortium cooperation. You have all the raw materials necessary to begin and carry out a successful cooperative effort. There are many directions to take. What does the future hold? Well, interconsortium cooperation is limited by the willingness or unwillingness of consortia to cooperate.

Speakers Note: Thanks to Aurelia Spence, Central State Hospital, Milledgeville, Georgia and Eugenia Abbey, VA Hospital, Decatur, Georgia for the information and statistics about the Georgia interconsortium cooperation program.

PUTTING AGENDA INTO ACTION

LYNNE LEVINE: We're now going to try to tie things up. We've gotten in an awful lot today by all this brainstorming. And our three leaders in the state will do that for us, won't you?

We've met Marilyn Jensen and Connie Fly from AHEC and now I'd like to introduce Bob Bellanti, who is presently the Associate Director of the Pacific Southwest Regional Medical Library Service. (Incidently, I was told after I was hired for the job as consortium coordinator that the reason I got the job was that at the interview I could say that whole thing, Pacific Southwest Regional Medical Library Service, so I just keep saying it, thinking other good things will happen to me!)

Bob received his M.L.S. from the University of Washington. He was serials librarian of the University of Nevada, a medical library intern at UCLA, head of the Interlibrary Loan Division at UCLA, and now is the Associate Director of PSRMLS at the UCLA Biomedical Library. So he certainly comes to us very well qualified. I will give the rest of the program to these three people who will give us lots of good words, I'm sure.

BOB BELLANTI: It has been interesting for me to listen to everything that's been said today. I came with no prepared remarks because I wasn't sure what I would be hearing and what I would have to react to. As I was sitting here listening, particularly this morning, it occurred to me that since I've been at UCLA and associated with the RML program (since 1973) we've come a long way. When I first started there, the word "consortium" was not in our volcabulary. It was something that we never talked about because it wasn't a concept that was very far advanced with health sciences libraries. And I will admit that more recently in our own RML one thing we have not been as active in as some other regions, the Southwest and the Midwest in particular, is actively promoting formal consortia development. With regard to consortia development I have observed over the years that we've had an interesting development in our state. In Southern California there are many informal channels of cooperation that have been in existence for a very long time, particularly through the Medical Library Group of Southern California with its very strong leadership. Many cooperative activities are carried out through that group and many other cooperative activities are carried out on an informal basis by libraries in discrete geographic areas. In the central and northern part of California we are seeing consortia coming together more in a formal way using the mechanism of the NLM grant. These are two different developmental paths and I'm pleased to see them both, and certainly very pleased to see all the activity that's been going on in the Central Coast area--an area where we've been hoping for a long time that something like this would happen. So we really have made a lot of strides over the last seven years that I've been associated with PSRMLS.

I like to always keep in mind that one thing that differentiates us in California to a large extent from the rest of the country, although not completely, is that when we look at cooperative activities in health sciences libraries we have two very strong MLA chapters in the state that have promoted a great deal of activity that RMLs have gotten directly involved with in other regions. At the RML we have always favored this approach because anything that comes from those groups is a lot better than us trying to foster it, or foist it, depending on your point of view. It's always better for a need to be satisfied by the membership at large rather than the RML trying to do things. It is healthier for everybody in the long run because the chances of success and long-term survival are probably a lot greater when cooperative activities are undertaken as a group project. We have seen many cooperative ventures coming out of these groups, for example, the exchange, and the union lists of serials, which I would encourage people certainly to consider participating in, if they are not already.

In terms of the future, I wish I could say it will be just as positive, but I don't know that it will be in terms of the federal funding available to us. As most of you know, the Medical Library Assistance Act was renewed for one year with a $2 million cut. What that will mean for any of us in these programs is not completely clear at this time. Certainly there will be some major changes in the RML network with a reconfiguration of the network coming about next year, going from eleven to seven regions. PSRMLS won't see any changes geographically, but certainly I think we'll see some program changes because of the decreased budget and we may have to alter our expectations about how much the RML can do. I'm not sure how some of these MLAA cuts will affect the NLM grant program, although my suspicion is that the highest priority at NLM will be to preserve, to the extent possible, the resource improvement grants--those that are funding the consortia. I believe NLM places a very high priority on consortium development and this would be one grant of all that they would do their utmost to preserve even with budgets being cut back. But certainly with MLAA up again for renewal next year it's anybody's guess as to what the outcome will be.

So as I look into the future, with its uncertainty, it seems that the best avenue of approach is the one that you've talked about all day, and that's looking to yourselves and looking to other kinds of libraries within the state, and fostering as much cooperation across different type library lines, across consortia lines, and to create as much self-sufficiency as possible, rather than be dependent on the RML, the AHEC, or any other outside agency. We can certainly assist and facilitate but we really can't do what you're all doing. We have a staff of two librarians for consulting and training who are actively involved in the grant program, the workshops, and the consulting, but they can't obviously go as far as you can in terms of doing the work at the local level. And that's clearly where it all has to begin and continue.

I do see a role, however, for the RML even with some uncertain times ahead for us. In view of all the development that's gone on, I think the one thing that we can do, and will attempt to do more of in the future, is to play a role in facilitating the use of technology to help provide better access to resources for all us. This is one area that we haven't done a great deal in until recently and it looks to me as though it's the one thing that we can do in the future that can help to make interconsortium cooperation a lot easier.

In that regard, we have developed, with the Medical Library Group of Southern California, the fourth edition of their union list of serials in hospital libraries. This is being computerized through UCLA's Biomedical Library's serials system. We hope that by doing this it will make future updates a lot less horrendous than they have been for the Group in the past. I'd like to point out we don't consider this an RML or a Biomedical Library project. We're just using our resources to make it easier for the Group to facilitate their own production of a list. Ultimately however, there is the possibility that such a list could be tied into the national serials database, which NLM is creating in cooperation with the RMLs and resource libraries throughout the country. I recently spent a week in Northern California and talked to many of the librarians there about the possibility of their joining this project. To me it is a very exciting venture and I hope they will be willing to participate in it, either through local consortia in the area or as an MLG project for the whole Group. With their participation we could ultimately create a union list of serials for the state, as well as many regional and subregional lists for consortia. That is our intent with the present list--to produce many sublistings for natural groupings of libraries in Southern California, as well as lists of individual library's holdings.

In addition, we have been working with the resource libraries in our region to create a union list of serials of holdings. You know that as the COSAP list that Marilyn mentioned this morning. A new one is coming out probably in January, although there's always delays in a project of this nature when we have to coordinate 11 libraries, using NLM's computer to complete this project. So again we're trying to facilitate the availability and the access to the information.

The one thing I've heard mentioned a little today and which I heard very loud and clear in my recent visit to Northern California is that we all need better access to books. That's a difficult area for everybody. We've always concentrated our efforts primarily on accessing serials because that's where the bulk of the need is. But, as we are able to take care of that more and more, this whole other area ultimately faces us and we have to begin to make some inroads there. I don't have any easy solutions to this at this time, but we do know that's the next area for us to become involved in, to see what we can do as a facilitating agent to help provide better access to this category of information.

The other thing that I see in the future for all of us, and I think this has been underscored a lot today, is the need for a lot more cooperation with different types of libraries. For a long time we stayed fairly aloof from other kinds of libraries and we looked primarily to ourselves. That has changed, particularly in the last few years and the consortia that are represented here today clearly demonstrate this. They include many different kinds of libraries, not just health sciences libraries. To me that is a positive step. We have to think of our profession in a larger context, especially now when we're all under the gun in one way or the other. We can't afford to go it alone. We do have the statewide planning effort and I am a member of the steering committee for the Master Plan for libraries in California. I don't know how useful the final product will be to all of us but I think it will provide an umbrella product for us to begin to develop more specific plans for various types of libraries. When you bring a very diverse group of libraries together with very different interests, it's difficult to develop a plan which everyone can agree to. On the steering committee the medical, law and special libraries' interests often are different from those of public and academic libraries. However, there is probably more similarity than difference between the different types of libraries, and I think we're aware of each other's points of view a lot more than we were before we started this whole process. In trying to keep all of us together, however, we may come out with a product that's somewhat watered down from what any specific group of us would like. Now we're beginning to think that maybe we can use the overall Plan to create more specific plans for our own segments of the library community, and perhaps we can get some better action going that way. But nonetheless this to me is still a very positive venture simply because it's bringing together all kinds of libraries in California. And I'm pleased that medical librarians have been heavily involved in this process. Some of you here are involved in the working groups that were created to look at the various goals that the steering committee developed. The medical library community came out in full force to participate in the working groups to the point where the State Librarian was rather overwhelmed. That speaks highly for all of us in medical libraries because we took the time and the interest to participate in this process. I believe it is critical for all of us to continue working hard to keep the lines open between different kinds of libraries. We're not that exclusive anymore and our problems are probably more similar than the differences that set us apart. Again I think the RML can facilitate a little bit in this regard, but it seems to me you can do a lot better at the local level than even we can do. We are trying to forge stronger links with the state libraries in all of our four states. But you can do a lot more to forge links at the local level where it really matters in terms of day to day cooperation.

So although I do see some rocky times ahead, certainly in terms of federal funding for programs such as ours, I am really more optimistic having listened to everybody today and seeing the progress we've made. I think we've now passed a critical threshhold and the momentum will continue of its own accord, whether or not an AHEC or an RML is around. It is clear that people such as you are going to keep the momentum going and I think that is the most positive thing I can say from everything I've heard today.

MARILYN JENSEN: Before I begin, I would just like to say that I spoke with Fran Johnson yesterday. For those of you who do not know her, she is our program officer at NLM, our contact person who has been so helpful with regard to NLM grants. She knew about this forum through Lynne and she said she was very sorry she could not be here with us today, but she is here in spirit and she does send us her regards.

We've talked today about the "post-grant" period and what do you do when the grant runs out. Well, I'd like to talk about the "post-forum" period.

What are we going to do after today's program? And in that regard, I would like to present four specific ideas or suggestions.

The first relates to the proceedings of this forum. Last night we decided to tape today's program. We were not exactly sure what we would have, but we thought it would be interesting. I'd like to see the tapes transcribed and published as a proceedings. If the Coastal Consortium is not able to, I want to offer AHEC assistance in doing that. Personnaly I feel it would be really worthwhile for others, who were not able to attend, to be able to read about some of the things that have been said here today.

Secondly, and this was brought up by one of the discussion groups, I would like to see an exchange of information among the various consortia. Some of you have newsletters that could be exchanged. They could be sent to consortia leaders or coordinators for distribution to their members. The same holds true of union lists. If you want to increase your resources, consider the exchange of lists and discuss policies for interlibrary loan between your groups. In your packet is a list of all of the health sciences library consortia or library groups in California that I was able to identify. You might want to examine it and see which ones are closest to you. You may want to contact representatives who are here today.

A third idea I would like to throw out to see if there is interest has to do with the publication of a directory, or at least a list, of health sciences library consortia in California. This list could include more than just names and addresses, but could list the members in each group, tell how they were funded, the kinds of activities they are involved in or have accomplished in the past (such as a union list and whether it has been computerized). This way new groups would know who to contact for advice and information. Maybe groups would share copies of their bylaws, resource directories, and even grant applications. I think the list could be extremely helpful. But I would like to solicit your input about this. It would take time to compile such a list and I wonder if you feel it would be worth doing.

The last idea is to suggest, if there is enough interest here today, that we do something like this again. This might be at the Joint MLG Meeting in February or perhaps even at the MLA meeting in June. But we would have to make that decision here today in order to have time to contact people and plan a program. It would not have to be a formal program. Perhaps we could meet together one evening, or the coordinator or representative from each group could meet together over dinner. I think there is still a lot of information to share in spite of how much was exchanged here today. I'd like to know if you feel it would be worthwhile to pursue. Any suggestions:

VOICE: Unclear.

MARILYN JENSEN: How many here today would attend such a meeting if there was one in February? How many would be interested in working on a committee to plan a program? Great!

LYNNE LEVINE: There is obviously a real interest in getting together again. I am going to pass around a signup sheet for those interested in volunteering to work on a program for the Febrary meeting.

MARILYN JENSEN: OK, do you think a list of consortia, with information about their activities, would be of value?

LARRY RIZZO: What about adding such a list as a supplement to the Directory of Health Science Libraries that PSRMLS now publishes?

BOB BELLANTI: Marilyn and I talked about that very idea earlier this week when she was in Los Angeles. We publish the directory about every four years and next year we are due for a new edition. I think we are at a stage where we might consider additional information that relates to membership in a consortium. We might have a separate index or supplement in that directory listing all the consortia, the contact people, that kind of thing. So that may be one way to do it.

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LYNNE LEVINE: That is something that a group of us could do at the Joint Meeting in February. We could get together a questionnaire that could be sent out to everybody.

CONNIE FLY: Now that it's my turn on this panel, I don't have much to add to what has already taken place!

I am just so excited because I've seen many of your consortia develop and have been involved in helping some of you from the time you began. Now to see you all grow and come together is really exciting.

Marilyn mentioned exchanging union lists. Maybe some of you aren't ready to exchange just free, across the board today. You might want to think of your geographical proximity, because of logistics. For instance, we have representatives here from two groups in Northern California, the Redding consortium and the Lake/Mendocino consortium. The two of you might consider exchanging union lists and getting together to cooperate. In the central part of the state we have someone from Merced as well as myself representing the Central California Medical Library Group. We will, no doubt, continue to exchange our union lists with Bob Meyer's Salinas/Monterey consortium. And now I think we would want to extend that same cooperation to Lynne's San Luis Obispo group. Those are just some things that we could begin to do. As Camilla pointed out, it might be better to start on a trial basis and not get too big all at once. This would be a way to at least begin.

Now, I don't think we on the panel are necessarily the only ones with ideas here. Anyone else have anything to add?

D. J. ZITKO: Do you think it is going to be possible to leave here today with a commitment to a three-month trial period or something among the consortia? I kind of hate to leave here today without some kind of contract being made. Otherwise it is all just good feelings, we leave, and then what?

CONNIE FLY: Yes, I understand what you are saying. Once again, though you can do that, I think, among your coordinators. They may feel that it is incumbent upon them to go back and present the idea to their own membership to see if they are willing to exchange ILLs, etc. Maybe that's what we need, a commitment from the coordinators.

BETTY MADDALENA: Maybe we should have some people appointed to followup on this, because you're right, we are going to have to go back and talk to our individual groups. But perhaps we could make a commitment to get together with our groups and then to report back, and to come up with some formal ideas or plans. I think Camilla really had a good point when she said you need to keep records. You need to know what this cooperation is doing, because if you don't you can't really make intelligent decisions about it. So, I'd like to see that happen. It could be nothing more than to say that these people are going to get together at the Joint Meeting and we are going to do these particular things.

BOB BELLANTI: It seems like the Joint Meeting would be a good time. It gives enough lead time, from now until February, for the various consortia coordinators to get back to their own groups. Then we could have a meeting of the coordinators at the Joint Meeting to more seriously explore specific avenues of cooperation, and discuss what that would mean, and what can be done. Unfortunatly, I don't think we are quite at that point today where people can walk out with the kind of concrete agreement we might like. But I think by February more than likely they should be able to come to grips with that more effectively.

LYNNE LEVINE: Could I charge everyone here who represents a consortium to go back to their group and tell them what's happened today and get some sort of feedback on how they feel about exchanging union lists, interlibrary loans, or whatever? Then at the February meeting you could report back the consensus of your consortium. And then I think we can come to something more concrete. I feel we should make at least that much of a commitment. Because I agree with D.J. that we should not go away from this meeting by shaking each other's hands and smiling and agreeing that it was wonderful, and then forget the whole thing.

BOB BELLANTI: I hope that you will also contact the other consortia within the state to invite them to do the same thing and then to join you at the Joint Meeting, since there are others that are not represented here today who might be interested in pursuing this within their own groups as well.

BOB MEYER: There is one thing we could do today, however, without having to go back to our membership. We could decide to form a "council of consortia" to start to operate as a group immediately. I think we need a coordinator of coordinators for that and I was wondering if the Statewide AHEC Office could possibly take on that role? It seems like a natural, Marilyn, if you would be willing. You know who the consortia are more than any of us, and if you had something to communicate to all of us, it would make a lot of sense to come from your office. You would be the "super-coordinator." (Laughter) We could form that group right now, it seems to me, and get something going.

MARILYN JENSEN: If that is what the group would like to do, I would be happy to coordinate the activities. I would need some input, however, on other consortia in California. The list we compiled, I'm sure, is incomplete. I would appreciate it if you could send me names and addresses of contact people, if any of you are aware of other groups. Also, are there other groups that should be included? For instance, do we want to include the medical library groups?

BOB MEYER: I wouldn't see any particular advantage to restricting our membership if we think those people have something to contribute from a cooperative viewpoint. I would be happy to include them.

CONNIE FLY: I think they should at least be invited to attend our meeting in February, or to any other meetings we may have.

LYNNE LEVINE: I might mention that Marilyn and I approached some of the groups in Southern California about today's program and the reponse often was that there were already so many networks and so many meetings for them to attend. So I would be really very happy to have them know about today and ask them if they are interested in participating.

MARILYN JENSEN: I think if we meet at the Joint Meeting it will be easier for many of them since they will already be attending.

Are there any specific suggestions about what you would like to do at the Joint Meeting besides have the coordinators get together and decide on the exchange of union lists, etc? Are there other things that maybe were not covered today?

BETTY MADDALENA: Perhaps if we exchanged union lists in February we could also draw up some guidelines for interconsortia agreements similar to the model Camilla had? I think that would be a good time to at least begin to do it.

BOB MEYER: You could start by circulating a copy of Camilla's prototype agreement and get comments even before February. That way we could see to what extent people are willing to go along with that as a basic agreement. You may find some disagreements with some points, but then we'd know that in advance of the meeting and could hammer out some compromise at that time.

BOB BELLANTI: Another thing that I think would be very interesting for that group to explore would be the linking of your union lists into the list of the Medical Library Group of

Southern California and Arizona which is being computerized now. Ultimately, that will be linked into the national database, and it will provide the routing mechanism for interlibrary loan requests via a computer. So just exchanging lists is one thing, but if we can get more groups onto the system we'll have a better way to facilitate ILL in the future. Also by hooking into a larger project like that, you can always get local lists printed separately. I think that would be a very good topic to discuss.

BETTY MADDALENA: How do you find out if one computerized union list (such as our 49-99 list) is compatible with another existing list?

BOB BELLANTI: It is conceivable that a portion of the 49-99 list (such as the medical libraries) could go directly into the national serials database in the future. Whether or not that could be as easily done at UCLA for input to the MLG project, I'm not sure. We would have to have the programmer look at that to see if it was feasible.

BETTY MADDALENA: So the programmer would have to talk to the programmer?

BOB BELLANTI: Yes, when we get to that level, that is what we are talking about.

MARILYN JENSEN: Is there a format that can be distributed that was used by the MLG librarians, so that when some of the consortia here today are ready to update their lists or begin to compile a list they would have something to follow?

BOB BELLATNI: Unfortunately, the MLG format is not completely compatible with the national serials format. When they began it was not for us to tell them one way or the other as to which format to use. So that does tend to be a slight problem. We would prefer to see new entries follow the national standard. There is a guide to the preparation of union lists of serials, published by the Midwest Health Science Library Network with assistance from the National Library of Medicine. It would be better to follow those guidelines in any future development. PSRMLS has a copy of those at UCLA if anybody is interested. It is fairly lengthly.

MARILYN JENSEN: At any rate, if any of you are in the process of updating or compiling union lists you might think seriously about doing it in the format that will be compatible at a later date with the national list.

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CONNIE FLY: I have one other suggestion that perhaps you could do for us Marilyn and that is to submit a report to each of the MLGs about this meeting to be put in their newsletters. I think that you should all know that the spirit of cooperation that you show in your consortia is not universal throughout the state, and some of the larger libraries in large cities can learn from some of us in smaller libraries who are in some way pioneers in this endeavor. So we need to publicize our meeting today and the things we've accomplished. One of the ways would be to put something in each of the MLG newsletters.

MARILYN JENSEN: Good idea. Is that all right Lynne, or would your group rather do that?

LYNNE LEVINE: No. Absolutely, I think that would be great.

Editor's Note: The guidelines referred to above are: Union List of Serials: Guidelines, Midwest Health Science Library Network, 1981. To obtain a copy, send a check for $10.00, made payable to the University of Illinois, to the Midwest Health Science Library Network, Management Office, Library of the Health Sciences, University of Illinois at the Medical Center, P. O. Box 7509, Chicago, Illinois 60680

WHAT DO WE DO NOW?

LYNNE LEVINE: Well, I was supposed to mention or talk very briefly about "what do we do now?" but that's all been taken care of. So I just want to say I've had a great time and I hope all of you did too.

We'll see all of you in February!

APPENDICES

SAMPLE

INTERCONSORTIUM COOPERATIVE AGREEMENT
FOR CONSORTIUM X and CONSORTIUM Y

PARTICIPATION:

1. All members of the two consortia shall participate in this agreement. However, if a library feels the demands on it are too great, it may withdraw under the following conditions:
   a. Notice is given to other libraries, and
   b. Borrowing privileges will be discontinued.
2. All procedures will be governed by the latest National Interlibrary Loan Code.
3. This agreement shall be in effect from (date) until (date).
4. Associate or supporting consortium members shall not be included in this agreement. Only full members shall participate.

REQUESTS:

1. American Library Association approved forms should be used. Members having OCLC may handle requests through the database.
2. Smaller collections should be considered first in locating a lender and requests rotated among larger libraries. Borrowing libraries will make an effort to distribute their requests as fairly and evenly as possible, borrowing least from those to whom they lend least. Because of severe budgetary and personnel restrictions, a and b libraries will be asked only for items which are unique to them.
3. Telephone requests should be made only if there is urgent need. Forms indicating "telephone request" should be typed and sent to the lending library.
4. Mailing labels should accompany all requests.
5. Citations should be verified. Lending libraries are under no obligation to search out incorrect references.
6. Interconsortium requests should be made only after all other free local sources have been exhausted.
7. Lending libraries will not be expected to refer requests for items not owned except when marked "urgent."

LOANS:

1. All requests should be filled or returned within 24 hours of receipt (Monday-Friday).
2. The lending library reserves the right to loan its materials in the original or to photocopy. Generally, 20 pages or less will be photocopied. If a library is unable to copy an article, or the copies are illegible, the material will be provided in the original. Exceptions will be items on reserve, reference, rare materials, or non-circulating materials. If necessary, postage and/or insurance may be reimbursed.
3. The lending library shall attach its name and the name of the consortium to each request either by stamp or printed form.

(over)

COPYRIGHT:

1. Request forms must indicate compliance with the Copyright Law.
2. The requesting library is responsible for keeping records that comply with the Copyright Law.
3. Each article photocopied should be stamped with "Copyright Notice..."

CHARGES:

1. Each library will absorb the cost of lending or photocopying its materials.
2. If it should become necessary to charge for loans, borrowing libraries will be notified in advance of the charges.

STATISTICS:

1. Records of transactions with other consortium will be compiled and reported monthly.
2. These reports will be used to evaluate the interlibrary loan program and for other purposed as deemed feasible.

UNION LISTS:

1. Each consortium will provide one copy of its Union List to the other consortium without charge.
2. Each consortium is responsible for providing access to the list for its members.

--This sample was provided on 11/13/81 by Camilla Reid at the conference "Expanding Opportunities for Cooperation in California" sponsored by CHLIC at Pismo Beach.

SOME CALIFORNIA UNION LISTS

California Academic Libraries List of Serials (CALLS)
(formerly U.C. Union List of Serials)

edited and produced by the University of California
covers serials at the U.C. Libraries, CSUC libraries and Stanford libraries.
1980, microfiche, $170 for binder edition, $90 for fiche only
order from: CLASS
1415 Koll Circle, Suite 101
San Jose, CA 95112

California Union Catalog

soon available on microfiche
covers California public library holdings from 1909-1978, and complements CATALIST
target date for publication is Winter 1981-82
contact: Jay Cunningham
Technical Services Branch
California State Library
P. O. Box 2037
Sacramento, CA 95809
(916) 322-4480

California Union List of Periodicals (CULP)
California State Library

covers serials in public, special, community college, private, academic, state and federal agency libraries
6th edition, 1980, available on microfiche, $106 standard, $120 deluxe
order from: CLASS

CATALIST

covers monographs in most public, and some community college, special and academic libraries
1981, 2nd edition, $264 for non-members
order from: CLASS

Cooperative Serials Acquisition Project (COSAP)
Serials List

covers serials in resource libraries (medical schools) in RML Region XI
new edition in preparation
contact: PSRMLS
Biomedical Library
Center for the Health Sciences
University of California
Los Angeles, CA 90024

Union List of Serials in Southern California and Arizona Health Science Libraries

Medical Library Group of Southern California and Arizona
4th edition, 1981, $40.00 members, $50.00 non-members
contact: Deborah Batey
Medical Library
Naval Regional Medical Center
Camp Pendleton, CA 92055

HEALTH SCIENCE LIBRARY COOPERATIVES IN CALIFORNIA

Central California Medical Library Group

c/o Betty Maddalena
Medical Library
Merced Community Medical Center
P.O. Box 231
Merced, CA 95340 (209) 383-7058 or 723-9314

Central Coast Health Sciences Library Consortium

c/o Robert S. Meyer
Medical Library
Natividad Medical Center
P.O. Box 1611
Salinas, CA 93902 (408) 757-0523

Coastal Health Library Information Consortium

c/o Lynne Levine
Cuesta College Library
P.O. Box J
San Luis Obispo, CA 93401 (805) 543-1836

Consumer Health Information Program & Services (CHIPS)

c/o Los Angeles Public Library
150 East 216th Street
Carson, CA 90745
(213) 830-0231

or

Los Angeles County/Harbor
UCLA Medical Center
Medical Library
4101 Torrance Blvd.
Torrance, CA 90503
(213) 450-7676 Ext. 527

(East Bay Libraries)

c/o Kay Kammerer
Stuart Memorial Library
Alta Bates Hospital
3001 Colby Plaza, Room 1240
Berkeley, CA 94705 (415) 845-7110 Ext. 2359

Inland Empire Medical Library Cooperative

c/o Dixie Cirocco
Health Sciences Library
Hemet Valley Hospital
1116 East Latham

Hemet, CA 92343 (714) 652-2811 Ext. 431

Kaiser Regional Library Group of Northern California

c/o Michael Bennett
Health Sciences Library
Kaiser Permanente Medical Center
2025 Morse Avenue
Sacramento, CA 95825 (916) 486-5813

Kearney-Mesa Library Consortium

c/o Carolyn R. Wood
Health Sciences Library
Children's Hospital and Health Center
8001 Frost Street
San Diego, CA 92123 (714) 292-3140

Kern Health Sciences Library Consortium

c/o Larry Rizzo
Health Sciences Library
Kern Medical Center
1830 Flower Street
Bakersfield, CA 93305 (805) 323-7651 Ext. 257

Medical Library Group of Southern California and Arizona

c/o Sherrill Sorrentino
Medical Library
Rancho Los Amigos
7601 E. Imperial Highway
Downey, CA 90242 (213) 922-7696

Medical Library Consortium of Santa Clara Valley

c/o Susan Russell
Health Sciences Library
San Jose Hospital
675 East Santa Clara
San Jose, CA 95112 (408) 998-3212, Ext. 306

Medical-Technical Libraries of Orange County

c/o Judy Bube
Medical Sciences Library
University of California
Irvine, CA 92717 (714) 833-6650

Mendocino-Lake Regional Medical Library Consortium

c/o Betty Orsi/ Anna Chia
Medical Library
Ukiah Adventist Hospital
275 Hospital Drive
P.O. Box 859
Ukiah, CA 95482 (707) 462-6631 Ext. 312

Merced County Health Information Consortium

c/o Betty Maddalena
Medical Library
Merced Community Medical Center
P.O. Box 231
Merced, CA 95340 (209) 383-7058 or 723-9314

North San Joaquin Health Sciences Library Consortium

c/o Colleen Lamkin
Medical Library Consultant
24818 North Kennefick
Galt, CA 95632 (209) 334-4247

Northern California and Nevada Medical Library Group

c/o Ysabel Bertolucci
Medical Library
Kaiser Permanente Medical Center
1200 El Camino Real
South San Francisco, CA 94080 (415) 876-0408

Nursing Information Consortium of Orange County

c/o Joyce Loepprich
Medical Center Library
University of California
P.O. Box 19556
Irvine, CA 92713
(714) 388-6655

or

Evelyn Simpson
Western Medical Center Library
1001 N. Tustin Avenue
Santa Ana, CA 92705
(714) 953-3405

Redding Library Consortium

c/o Randa Gregory
Superior California Area Health Education Center
901C Lake Blvd
Redding, CA 96003 (916) 241-6101

Sacramento Area Health Sciences Libraries

c/o Michael Bennett
Health Sciences Library
Kaiser Permanente Medical Center
2025 Morse Avenue
Sacramento, CA 95825 (916) 486-5813

San Fernando Valley Medical Library Group

c/o Lois Mackey
Biosciences Laboratory
7600 Tyrone Avenue
Van Nuys, CA 91405 (213) 989-2520 Ext. 2315

San Francisco Biomedical Library Information Network

c/o Leonard Shapiro
Schmidt Medical Library
California College of Podiatric Medicine
1770 Eddy Street, C-215
San Francisco, CA 94115 (415) 563-3444 Ext. 246

Southeast Hospital Librarians' Group

c/o Linda Sleeth
Medical Library
Rio Hondo Memorial Hospital
8300 East Telegraph Road
Downey, CA 90240 (213) 861-6761

Task Force for Cooperative Health Information for Orange County

c/o Joyce Loepprich
Medical Center Library
University of California
P.O. Box 19556
Irvine, CA 92713 (714) 833-6655

Veterans Administration Medical Centers, Medical District #26

c/o Betty Connolly
Health Care Sciences Library
V. A. Medical Center
5901 E. Seventh Street
Long Beach, CA 90822 (213) 498-1313 Ext. 2417

Resource Information Network for Cancer (RINC)

c/o Sherrill Sorrentino
Division of Cancer Control
UCLA Jonsson Cancer Center
10920 Wilshire Blvd., Suite 1106
Los Angeles, CA 90024 (213) 206-6010/6562

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Prepared by: Marilyn Anne Jensen
Coordinator
Library/Learning Resources Program
California Area Health Education
Center System

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